Singleton Funeral Home Glen Burnie,

FOR

REGISTRAR

. DECEASED NAME

FIRST

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO. MIDDLE 20 DATE OF DEATH MONTH 26. HOUR Anderson 16. 1979 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Anne Arundel 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home 6642 Whitmore Ct. Apt.A172 Donnelly (nmi) (Husband) PDRESS Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cleans 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

COUNTY

STATE

that (I) (we) lost

STATE

Md.

77L DATE SIGNED

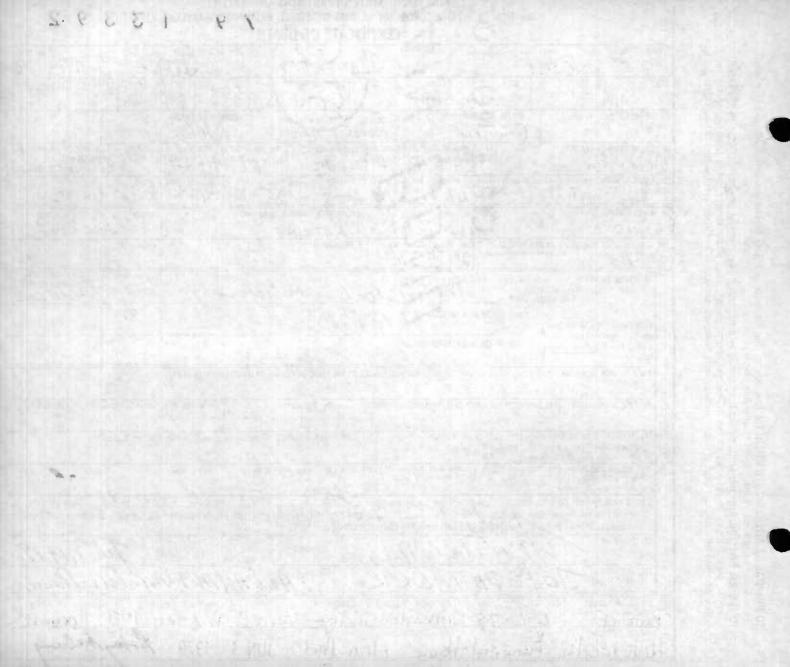
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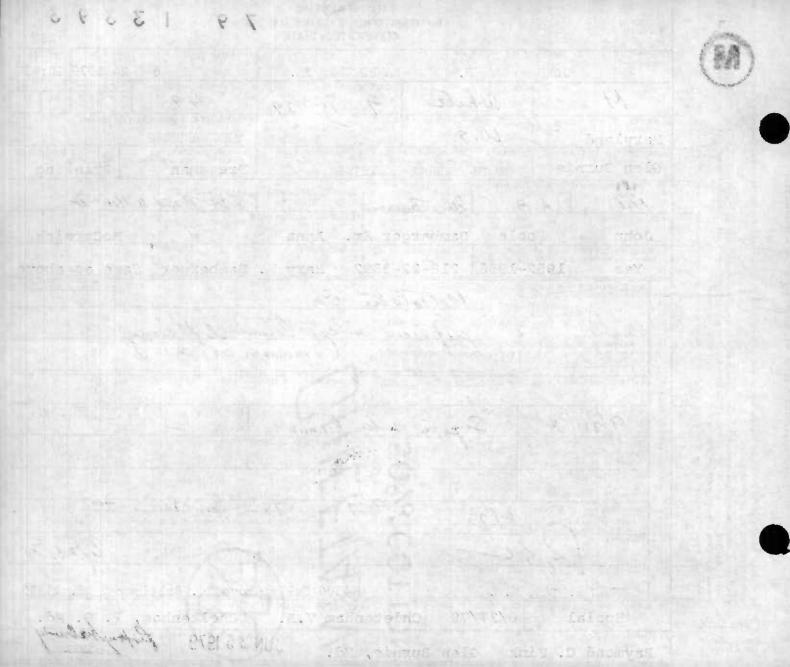
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	REGISTRAR CEASED NAME FIRS		DOLE	LAST LAST	REC	N MONTH DAY	YEAR 1 76 HOUS
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ID. CI	TY OR TOWN OF DEATH		AL, NURSING HOME, OR	OTHER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 126 KIND	OF BUSINESS S
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	18. CAUSE OF DEATH (Ente	only ane cause per line for	(a), (b), and (c)	1 +	_/	Appel	ONSET AND DEATH
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	Canditions, if ony, w		0				
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		(e)					
Z	PART 2 OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN IN PAR	Τ 1 (α).		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED?		20. AU7	TOPSY?
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	UNDERLYING OR CONTRIBUTING CAUSE		19				
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2	WHILE AT WORK		, , , , , , , , , , , , , , , , , , , ,		CITY ON TOWN	COUNTY	STATE
	22a. I certify that I took c	arge of the remains describ	ed obove, held an A	otopsy , Inspection	A. Inquiry D.	ond in my opinion	7 80 DE
			cident , Suicide	, Homicide	Undetermined monner],	
	6/8	/)	λ	TITLE (SPECIFY)			
	SIGNATURE	while to	*	MD Stoudy	MEDICAL EXAMINER	DATE SIGNED 6 -	5-79
	EXAMINER'S NAME	= 1 1	1.1	1	. /	2 2	
	(TYPE OR PRINT)	LIOINAK	VV.	_ADDRESS	nopahi,	m	
730. BI	urial, cremation, remov. urial	11,1979	23c. NAME OF CEMETER Arlington		Ft. Myer	COUNTY	va.
_	UNERAL DIRECTOR W/	2 / 2			EC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATUR	
	ingleton Fu	peral Home	a. GlenBurn		N 7 1979	Cake he	Breedy
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CONTRACTOR MADE SOFT AND Care Chice a Contract of the C Ven York to the Mark way Maryland 1.1. Jenigenie 206 h. 206 h. James Dr. Yes Horsen 191 092-11-6701 Mrs. Pary Antico-. 5V Similaron I woomat Manne Wienersia, water July C 1979 - Total State

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		1/1 W DET 16, 1073 85 "YRS.	OAYS HOURS MIN.
in 24 hau filled in by papers. hin 72 hau	cou	D. BIRTHPLACE (State or foreign Country) 7b. CITIZEN OF WHAT COUNTRY? German WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	Mc
ate be executed within 24 haurs aftician and campletely filled in by the lease remave carban papers. Pages and in any event, within 72 haurs afticined	(DOEP ton give street oddress) 487 Rith DR during hist of forking life, extra if retired.) INDUS	STRY GERMANY
icate be executed within sician and campletely follows remave carbant, and in any event, with	odn	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lac. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY A N & DENTON 15THE NO 15THE NO 15THE DR	rive
it the death certificate be ex the attending physicion and sit permit. Then please rem nation, or remaval, and in an		1. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle ASCHER ASC	her
physicic physicic en plec aval, ar	160	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or junknown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 219 54 3764	
equires that the death certific physician. signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval,		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BET MY CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL TWEEN ONSET AND GEATH A dollar
it the d the att sit peri nation,		Conditions, if ony, which gove trise to immediate cause (a).	
equires that thy physician. signed by the burial-transit burial, creman		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
The law requires that attending physician, has been signed by se as the burial-train hariar ta burial, cre	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The law r r attending thas been use as the Ith priar ta	CERTIFICATION	190. DATE OF OPERATION 194. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 201. IF YES, WERE FINDINGS CONSIDERED YES NO) IN CERTIFYING
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ING PHYSICIAI by the haspital ffer this certifica be detached far state Dept. af He	W	While Not while of work of work	Stote
		22a. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, saw the deceased glive	that (I) (we) last haur and fram the
OR ATTENI OR ATTENI be retained 3IRECTOR: A e 3 should ed with the		22b. SIGNATURE ATTENDING MED. STAFF 22c, DATE SIGNATURE ATTENDING DIRECTOR PHYS. DIRECTOR PHYS	ED 2,1979
O HOSPITAL Page 4 may is D FUNERAL D director, pag shauld be file		22d. PHYSICIAN'S YOSEPH TALER 22e ADDRESS HOWAHART No. Coley	Punche
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fi		DERIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY County DORSey Md. (County DORSey Md.)	(Stote)
VR A15 (4) 45M - 1/69	24.		Cherry

MAKTLAND STATE DEPARTMENT OF HEALTH





ully t. H. Mountain & Tick Neck Rds. Oas, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Nat.

25a. DATE REC'D.

REG. NO

MONTH

YEAR

DAYS

COUNTY

Home

Talbout

INDUSTRY

IF UNDER I YEAR

2h. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

20 DATE OF DEATH

BP

DHMH - 16 50M 7/77

(VRA 15(4))

FOR

- STATE

(TYPE OR PRINT)

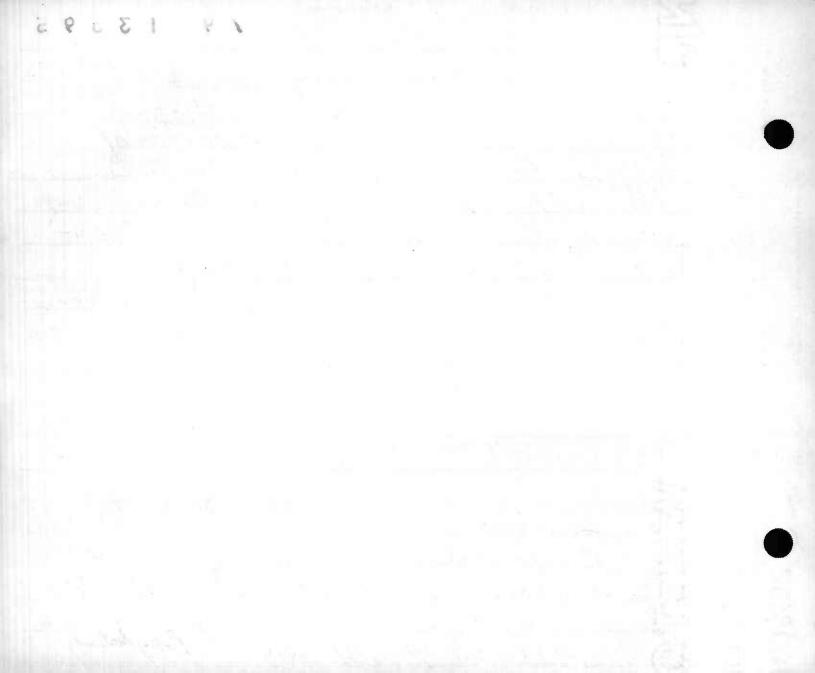
REGISTRAR

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24 FUNERAL DIRECTOR

L DECEASED NAME

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- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

1913390 AP COMMENT OF THE PROPERTY OF THE PARTY OF T TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is morked or Item 18 shows ony

7.5 or or or

10 notified.

FOR TATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

							RE	G. NO				
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(PE OR PRINT)	Maude		Elinor		phin			June	4.	1979	12:	27
SEX		4. RACE		5. DATE OF	F BIRTH DAY	YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)		UNDER I YEAR	IF UNDE	R 24 HRS
Female		Whi	te	Oct.		1911	6		YRS.			
BIRTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF V	WHAT COUNTR	RY? B.	NEVER	MARRIED -	9. BALTIMORE CI	TY OR CO	UNTYC	OF DEATH		
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CITY OR TOWN OF	DEATH		OSPITAL, NUR H FACILITY, GIVE STR	SING HOME OF	R OTHER INS	TITUTION	12a. USUAL OCCL (TYPE OF WORK FOR M		(ING LIFE)	12b. KIND (INDUSTRY	OF BUSIN	IESS O
Arnold			othy Vi				Housew	ire		Home		
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MD.	A.	A.	Arnold		YES 🗌	NO 🙀	650 Mag	othy	View			
FATHER'S NAME	A	NODLE	LAST		15 MOTHER	S MAIDEN NAM	AE MIDI	DIE	Jaff.	LA	ST	
Charl	Les W.	H	ughes			Diana			Ha	vener		
WAS DECEASED E	VER IN U.S. AR	AED FORCES?	166. SOCIAL SE	ECURITY NO.	17. INFORMA		A	DDRESS				
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18. CAUSE OF E	EATH (Enter on	y ane cause per	line far (a), (b),	, and (c1.)						BETWEEN	ONSET AN	RVAL D DEAT
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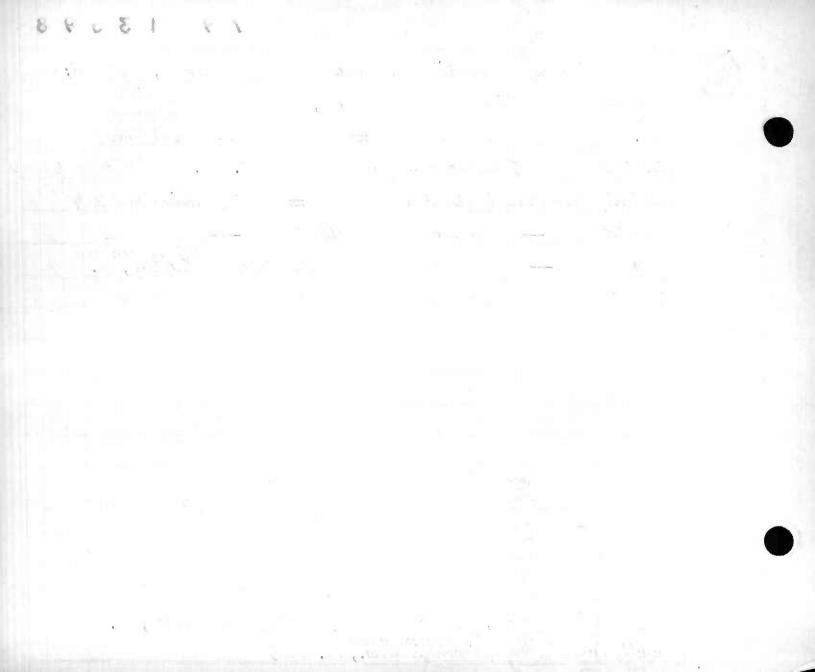
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(VRA 15, 4) 7/78

STATE OF MARYLAND



FOR

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DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

STATE OF MARYLAND

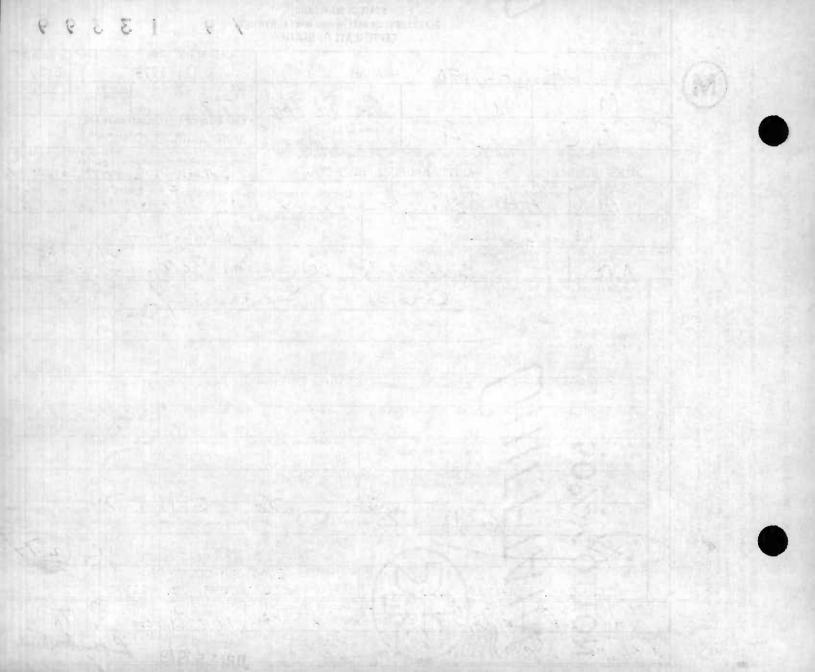
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG. NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE Crandy

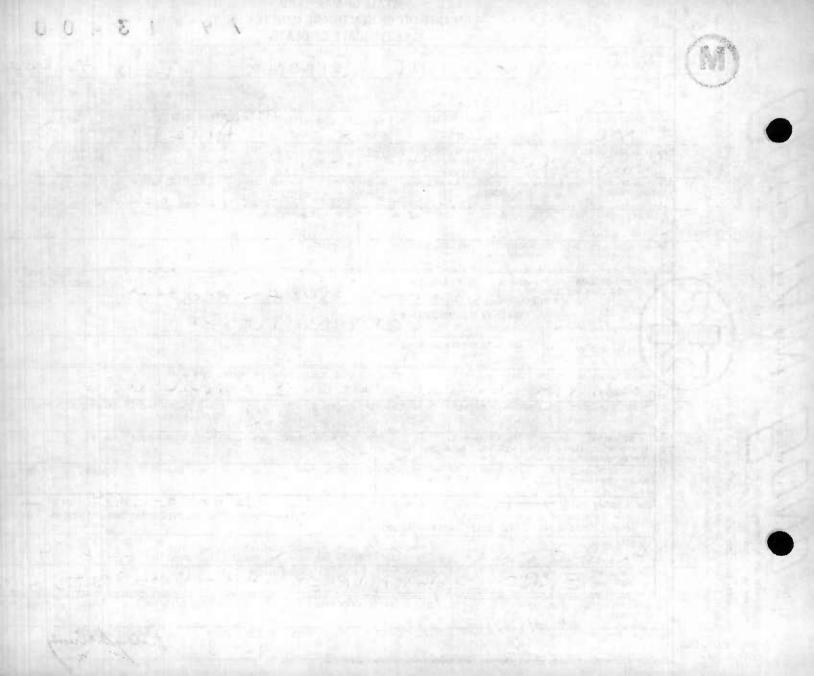
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CERTIFICATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME Lost 2b. HOUR (Type or print) IMU II da 1F UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS YRS March COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT B. MARRIED NEVER MARRIED country) WIDOWED DIVORCED 10. CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) LO 25 INDUSTRY during most of working life, even if retired.) BALTIMORE, MARYLAND 21201 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY YES NO T 4925 Lee Blud Middle MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Elias Hobbs Georgiana 16b. SOCIAL SECURITY NO within 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) no 578-48-3445 no James A. Murphysame as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PRESTON STREET, ero IMMEDIATE CAUSE (o) attending DUE TO, OR AS A CONSEQUENCE OF Other Oldo, 50 Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF please stating the underlying couser 3 p PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 301 Nelli cremation. permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPS CAUSES OF DEATH? YES [burial-transit 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) burial, 210. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 1975, to 6-18-220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an June 1927 and that in (my) (our) opinion death occurred on the date and have ond from the causes stoted obove, (1) (we) (did) (did not) view the body ofter death. DATE SIGNED 22b, SIGNATURE DIRECTOR: detached ATTENDING DEGREE PHYS. DIRECTOR PHYS 22e, ADDRESS PHYSICIAN'S NAME (Type) shauld be of Health of retained 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) Washington National 250. REC'D BY REGISTRAR Washington 9 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M Hardesty Funeral Home Annapolis Nd. 21401 (VR A15 (4))

STATE OF MARYLAND





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B. RAMIREZ, N.O. BEEN BURNIT, MARYLATO 21061	Bance

FOR

- STATE

(VRA 15, 4) 7/78

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

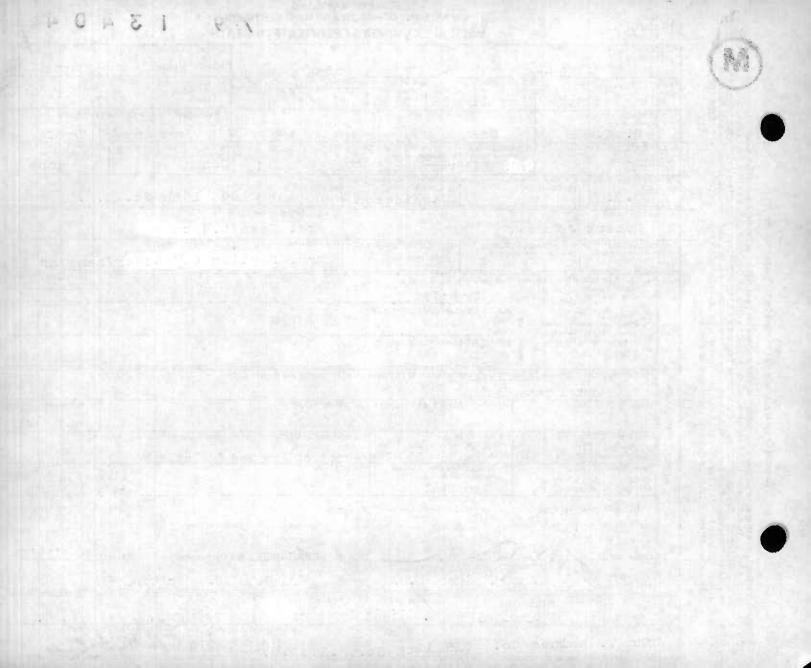
REG. NO. MONTH 2b. HOUR 2150 6 -6 IF UNDER 24 HRS IF UNDER I YEAR MONTHS DAYS HOURS BALTIMORE CITY OF COUNTY OF DEATH 176 KIND OF BUSINESS OR INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [COUNTY STATE 22c. DATE SIGNED STATE REGISTRARITA REGISTRAR'S SIGNATURE

19 13-02

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13a	STATE aryland	13h COUN	OR OTHER INSTITUTION, GI	13c CITY OR TOWN GlenBur	SION)		309	ADDRESS	g Ge	org	e Dri	ve	
14.	ATHER'S NAME		MIDDLE	LAST	i	5. MOTHER'S MAIDE		MIDD	LE	* 31	LAST		
	Willia		Α.	Brown		Lucy		В		7-		rth	-
16a.	WAS DECEASED YES NO, OR UNKNO Yes	DEVER IN U.S. AR WN) (16 YES, GIVE 1 961	MED FORCES? WAR OR DATES! -1966	21 9-40-		Mrs. Fr							Md
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15M 7/76



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTS June 30, 1979 Hugh Browne 12:37 6. AGE LIN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRID Jan. °27, T903 Male Black 76 To. BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Barbados, British, West Indies DOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Arundel Hospital ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctor JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13m STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3436 Rockaway Avenue Maryland Annapol 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST Clara Smith Phillip Alonzo Browne 17. INFORMANT 3436 RockaWays Avenue 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Mrs. Maudella Browne-wife 059 12 9318 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

PM

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION

CITY OR TOWN

NOF

COUNTY STATE

NO [

STATE

sow the deceased alive anobove, (1) (we) (did) (did not) view the body after death

WHILE

MEDICAL

NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased from

71g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

DEGREE ATTENDING

PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

226. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL CREMAT ON

Crematio

226. SIGNATURE

JJh. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

BP.

DHMH - 16 50M 7/77 (VRA 15(4))

Stewart Funer al Lee's Crematorium

22e. ADDRESS

Washington, D.C. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Road, NE

YES [

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STATE OF MARYLAND

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must be notified

medical examiner

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IMPORTANT: If them 21 is marked or Item 18 shows any

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the attending physician and remave carbanpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remave carbon paper with the State Dept of Health and Mental Hygiene priar ta burial, cremation, ar remaval.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

etained by the haspital ar attending physicia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

3

		REGISTRAR			CEKIII	ICATE OF DE	nia	REG. NO).	2.06	# 1
	I. DEC	CEASED NAME OR PRINT)	LEO	L.		CALHOUN		20. DATE OF DEATH	6 21		2b. HOUR
		MALE	4 RA	NEGRO	5. DATE (1932	6. AGE (INYEARS LAST BIRTH	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
2	MÃ	RTHPLACE (STATE OR FORE OUNTRY) ARYLAND		U.S.A.	MARRIE		RCED	9 BALTIMORE CITY OF ANNE ARUNI			MD
(21		TY OR TOWN OF DEATH	(NAME OF HOSPITAL IF NOT IN SUCH FACILITY, O NNE ARUND	GIVE STREET ADDRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR
3	MA	RYLAND	BE COUNTY A.A.	13c CITY	OR TOWN POLIS	13d. INSIDE CITY YES XX N	10 🗌	13e STREET ADDRESS 1006 Presid	ent S	t. Apt	. B1
21	14. FA	WILLIAM	MIDOLE	CA	LHOUN	15. MOTHER'S M		WIDDLE		HICKS	
1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (U.S. ARMED IF YES, GIVE WAR	OR MATES)	26-6531	HELEN C		1006 Presi	ATIX	apolia St. Ap	s, Md. t. Bl
	No	Conditions, if only, gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNII	diate the last	DITIONS CONTRIBUT		NOT RELATED TO		PARY A		N IN PART 10	17-5
2	CERTIFICATION	190 DATE OF OPERATION	ON	19b. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?		WERE FINDING CAUSES	
7	MEDICAL CER	210, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	USE OF DEATH EXAMINER)	21b. TIME OF INJURY HOUR A.M. MOR P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	19 Y	21f. LOCATION STREET		D (ENTER NATURE OF INJURY	Y IN ITEM 18, PAR		STATE
		270.1 certify that (I) (t, saw the deceased above. (I) (we) (dia 27b. SIGNATURE	alive an	w the body after dear	19, d	DEGREE ATT	ENDING .	eath occurred on the do			
		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT	TRE + fi	w .	16 MU	LRAY	AUE AN	NAP	olis,	md.
	23a B	SURTAL, CREMATION, RESPECIFY)		b. DATE	The second second	EMETERY OR CRE		23d LOCATION CITY OR TOWN	Q	DUNTY	STATE
	1 5	HIRLAI.	16	-26-70	DINETAU	O MEM D	ADV	Annonald	- 4	A	Law Come of

BP DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A.

ADDRESAnnapolis, Md.

250. DATE REC'D BY REGISTRAR 25 PREGISTRAR 2



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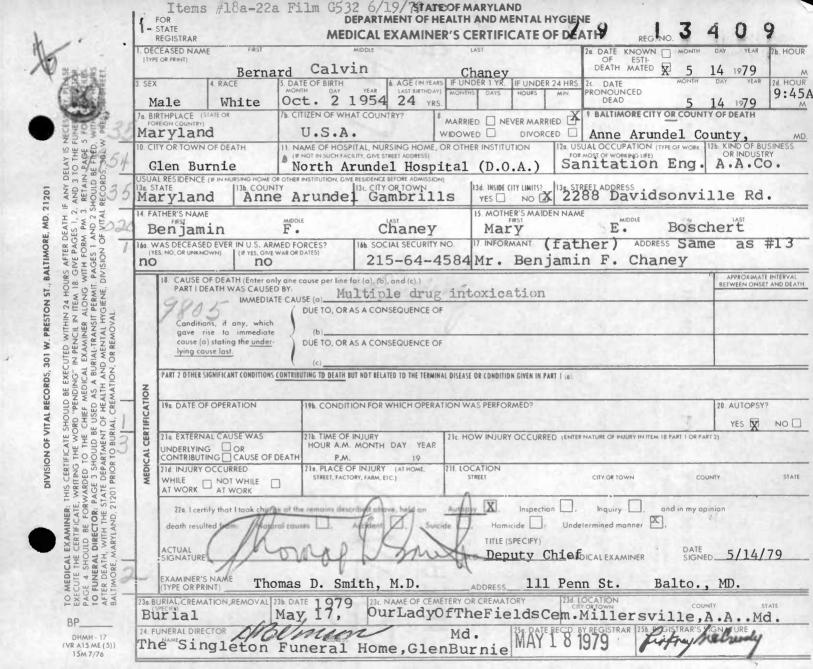
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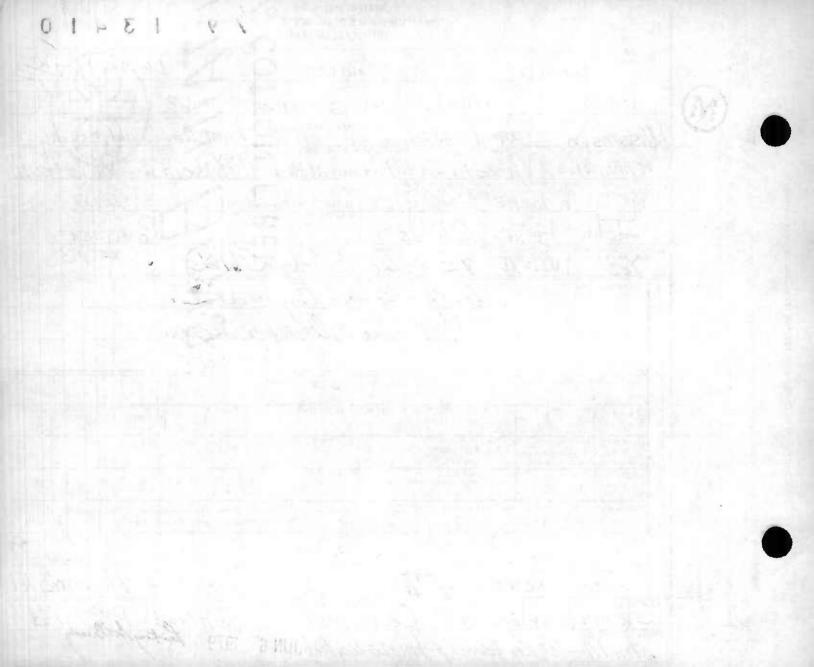
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	FOR	DEDA	STATE OF MARYLAND	vo salah	
<i>M</i> 1	- STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO.	1 3 4 1 0
	PECEASED NAME FIRST	MIDDLE	LAST OF		ONTH DAY YEAR 26. HOLD
3 S	DONAL	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	11/1-
(A)	MALS BIRTHPLACE ISTATE OR FOREIGN	WHITE	Feb. 27 1916	No.	YRS
16/	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	United States	MARRIED WEVER MARRIED C		undel County
153	Hnapolis	11. NAME OF HOSPITAL, NUR UF NOT IN SUCH FACILITY, GIVE STR	sing home or other institution lest address) Les General Hospi	120. USLIAL OCCUPATION	ORKING LIFE)
USI 13a	UAL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY A BIT 130 CHY OR TO	FORE ADMISSION)	130 STREET ADDRESS	ES STREET
14. I	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		Par LAST
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INEQUANT	Child's	#-13
y injury, or other troumatic			O DEATH BUT NOT RELATED TO THE TER	100	
8 shows ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NO	ROB. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	JRRED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2)
ed or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY
f. If them 21 is mark		tol) attended the deceased from		MEDICAL STAFF	and hour and from the causes st
MPORTANT:	224 PHYSICAN'S WAME (1996	owe no	2%. ADDRESS 12.9	Market 3	A Annapoli
₹ 230	BURIA), CREMATION, REMOVAL		C MAME OF CEMETERY OF CHEMATOR		1 PP 14
76 34	FUNERAL DIRECTOR	of Constant	MA / 1250.0	ATE RECTO PY BEGIST	oftray state Creenty:



FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO

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	-		FOR	DEDARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	ENTZ (S	4 1 -
		1-	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	413
6		I. DEC	EASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
(M)		(TYPE (August	Albert	Clarke	June	10, 1979 11:55#
V		3. SEX		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
4 of to 4	100		Male	White	Aug. 31, 1898	80 YRS.	OF DEATH
Political Political	# - A		UNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	uo to		Maryland	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	Anne Arunde	12b. KIND OF BUSINESS OR
	ified	-	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
5 00	o O		EVERNA Park L RESIDENCE (IF NURSING HOME OR O	# 388 South Dr.	E AD AHES POINT	Rigger	F&M Corp.
4 how	must b	13a. S	TATE 136. COUNT	Y 13c. CITY OR TOW	I 130. INSIDE CITY LIMITS?	130. STREET ADDRESS	
tely fill 2 shoul	E	-	ID. A.	A. Severna	Park YES NO K		
pletel nd 2	examin	14. FA	FIRST	DDLE LAST	FIRST	, MIDDLE	LAST
P E O	_	160 \	AS DECEASED EVER IN U.S. ARM	Known ED FORCES? 1166 SOCIAL SECU	JRITY NO. 17. INFORMANT	Unknown ADDRESS	
e execu	medical	(Y	ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	198 Mrs. Jillian	M. Clarke - Sec.	12
e be			No.	212-01-9		E O O II	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physica physica pope povol.	event, the		PART I. DEATH WAS CAUSED	BY:	tored School	a Cordio loxerela	en
ing proban	ic ev		LL 3 C	DUE TO, OR AS A CONSEQUI	ENCE OF O	el a Dejan	~
tendi	E S		Conditions, if ony, which	DUE 10, OR AS A CONSECUL	(mgethun	Hold tailer	
he of emo	or tro		gove rise to immediate	DUE TO, OR AS A CONSEQUE	ENCE OF.	^ .	
by t by t ose r l, cre	ar other traumatic	- 44	underlying cause last.	Con	ealist Arthe	o Schoon	
requires that the death certificate be no signed by the attending physician Then please remove carbon papers. Por to burial, cremotian, or removal.			PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUTNOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART 1(0)
en sig	injory,	O.				200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
be be	sony	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH?
The krian.	»	Ē		216. TIME OF INJURY	21/ HOW IN IURY OCCUR	YES NOT Y	
AN: TI shysicie ficate fransit	18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	LUCUS A M MONITH D	AY YEAR	(ILED TENTENT OF BOOK IN THE STATE	
SICI nng p cert urial	#e#	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211. LOCATION		
PHY tendi	o pa	MED		(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
ATTENDING aspital or office CTOR: After deast death of the office of the	morked		WHILE AT WORK AT WORK 22a certify that (I) (this haspite	all attended the decensed from	19.70	013UNC 01, 1	19
dal off.	l is		saw the deceased alive on	JUNE 1 19_		death occurred on the date and ha	ur and from the couses stated
RECT ed fo	em 2		obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body after death.	DEGREE		224. DATE SIGNED
the life of the Dill	#		A 8010	ld N. Tol	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/11/79
HOSPITAL ned by the FUNERAL Jid be deto	Ž-		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		
retained I	MPORTANT.		Dr. Donald H.	Hislop	Robinson Rd	. Severna Park M	0. 211/16
Of of Share	<u>¥</u> —	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	100		Burial	6 - 13 - 79 G	len Haven Cemetery	Glen Burnie	A.A. MD.

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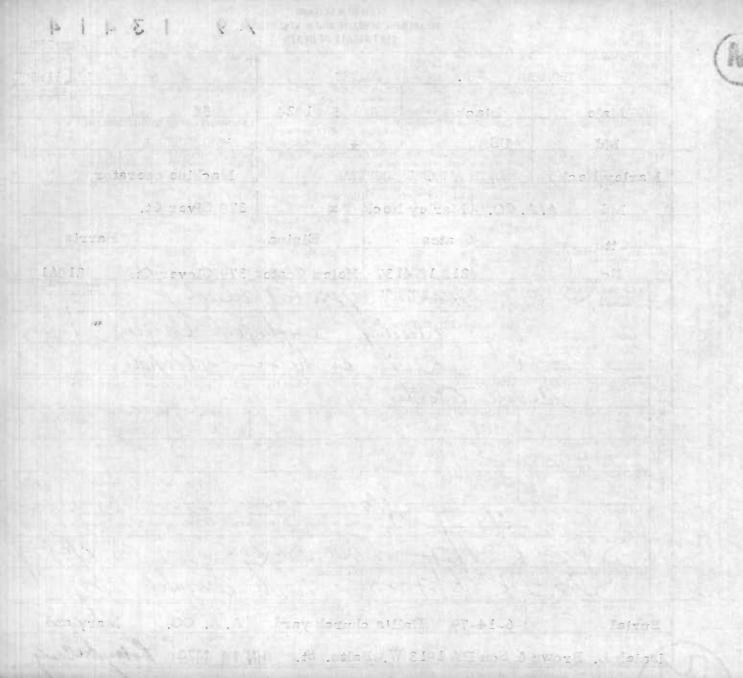
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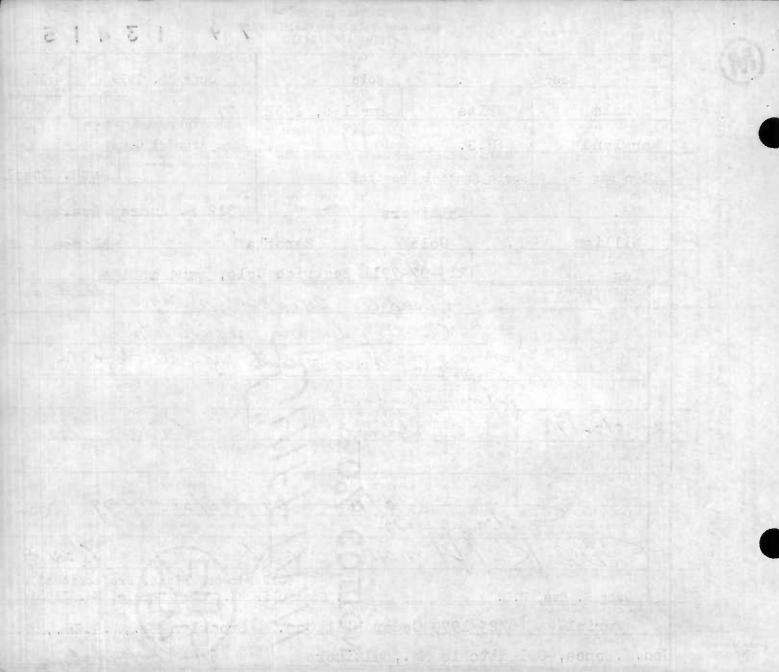
Glen Haven Cemetery

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- 1				STATE OF MARYLAND	1	
	1-	FOR STATE REGISTRAR	DEPAI	RETMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 1 4 DST
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE	OR PRINT) THOMAS	s R.	COATES	6	9 79 11:30
	3. SE>		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		26-1	D11-	MONTH DAY YEAR 8 5 1924	54 YRS	MONTHS DAYS HOURS MIN.
27	7a. BIF	Male THPLACE (STATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUNTS	Y? 8	9. BALTIMORE CITY OR COUN	
32		UNTRY)	TISA	MARRIED NEVER MARRIED	ANNE ARUNDEL	M
71	10. CI	Md TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS O
4		/	(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	Machine ope	
4	USU 4	arley Neck	NORTH ARUNDE		i Machine ope	:14101
36	130 S	TATE 136 COUN	13c. CITY OR TO	DWN 138. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
-	14 E A	Md I A. A	A. CO. Marle	y Neck YES X NO 1	379 CPver Ct.	1
2%	IN FM		MIDDLE LAST	FIRST	MIDDLE	Harris
U	11 11	Otto	Coates MED FORCES? 1166 SOCIAL SE	Elzina Elzina	ADDRESS	Harris
1	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			21 2/1
		No l	218 18	4137 Helen Coate	s 379 Clover C	21061
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	by one couse per line for io ib.	Till IIME GT	Poloedip	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (o)	09/20012		1
		5712	DUE TO, OR AS A CONSE		acord Class	10- 31
		Conditions, if ony, which gove rise to immediate	(b)_ The	eeur soofu	gen coon	1000
100	94	cause (a), stating the	DUE TO, OR AS A CONSE		· aleaha	1:
		underlying cause last	((c)	ver annos	- weccoun	ecc
	NO	PART 2. OTHER SIGNIFICANT	EVEL WALL	O BEATH BUT NOT RELATED TO THE TERM	ainal disease or condition (GIVEN IN PART 1(0)
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
7	TIFIC				YES NO	YES NO
	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2)
91		OR CONTRIBUTING CAUSE OF DEA		19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	CITIONIONI	STATE
		22a. I certify that (I) (this haspi	ital) attended the deceased fra	m = 19 77		, 1929 , that (1 (we)) la
		saw the deceased alive on	5/9		death accurred an the date and h	nour and fram the causes stated
	84	22b. SIGNATURE	ot) view the body ofter death.	DEGREE	1	27L DATE SIGNED
	94	1419	KITA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/9/79
-	М	22d. PHYSICIAN S NAME (TYPE C	OR PRINT)	22e. ADDRESS		11/1/
		SAMO	2 K MA	- April	1 Wandel	Mass.
1	230 F	URIAL, CREMATION, REMOVAL	23b. DATE 2	36. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	-
	{	pecify)		Hall's church yard	A. A. CO.	Maryland
		UTIAL JNERAL DIRECTOR			TE REC'D. BY REGISTRAR 25b. REG	
		NIAME	P- Sam DA 101	3 W. Balto. St.	UN 1 1 1070	infany Mc Creaty
	TS	alan L. Drowr	1 & DON PA 191	J II. Dallo. PL.		7,7,00



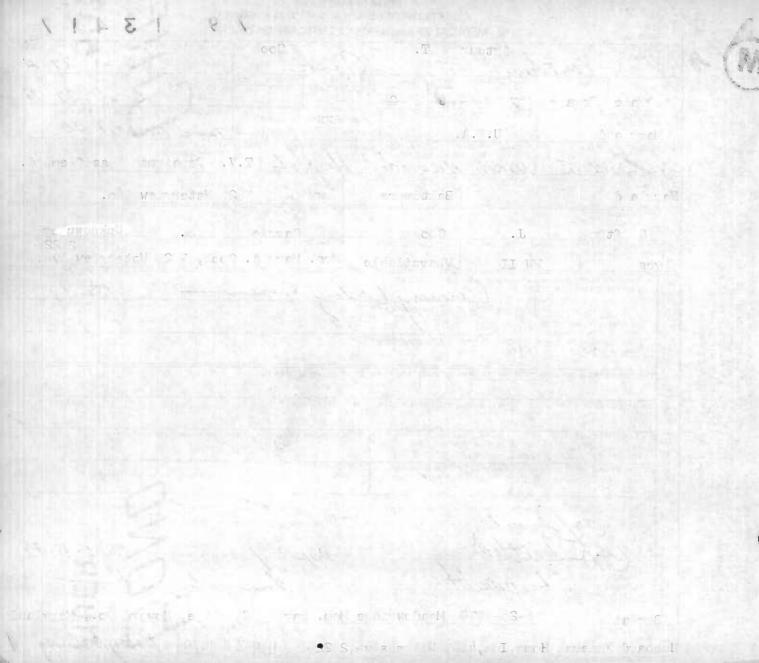
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0	dad	l - STATE Film G533	7-16-70 DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENCE 9	2 1 1 2
V	AND	REGISTRAR	7=16-79	CERTIFICATE OF DEATH	REG. NO.	DST
6	(MM)	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	2e. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	C	Georg	e M.	Cole	June 21. 19	979 4:30P M
	0 4 4	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	acts at a	Male	White	April 8, 1902	77 YRS.	MONTHS DAYS HOURS MIN
	Po Po	Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? B MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	1 16 635	Maryland	U.S.	WIDOWED DIVORCED	Anne Arundel Co	ounty MD.
	viff ied	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
6	filed v	Glen Burnie	North Arundel		(11FE OF WORK FOR MOST OF WORKING E	Beth. Steel
212	be se .	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b CQL	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13e. STREET ADDRESS	
NO	filled ould to	Md. A	Balti		312 E. Audr	ev Ave.
YLA	tely 2 sh iner	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	AME	
MAR	Po puo \$20	William	T. Col	e Zenob	MIDDLE	Malonee
ZE, 1	3 3 5 6	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	MSTOUGE
WO	Poge media	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	7-7711 Beatrice	Cole, same as	130
ALT.	the r		only one cause per line for (0) 4b		Joine as	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
60	phys pop nove ent,	PART I. DEATH WAS CAUS	SED BY:	nexil enles	relial opathy	BETWEEN ONSET AND DEATH
IS N	cerf ing rbor r rer	4/0- IMMEDIA	ATE CAUSE (o)	1 - 1	1 /1	
010	tend tend on, o	Conditions, if ony, which	DUETO, OR AS A CONSE	iclio pulmonous	resuse tati	
78 E	e of movement r fro	gove rise to immediate	(5)		1. 15	211-
*	by the by the ose rei	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	ac assest & acu	to myocardiel	afact
201	ed ble	PART 2 OTHER SIGNIFICANT	(C)	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CONDITION GI	VEN IN PART I/o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	equires signe Then p to bur njury, o		Pul monary	edens	WITH DISEASE OR CONDITION OF	VEN IN PART I(O)
S	been mit. I	19a DATE OF OPERATION 200 210. ACCIDENT WAS UNDERLYING	,	ICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
8	ws he le	BE 6/20/79	Anoxicence	3 Marien Com		IFYING CAUSES OF DEATH?
ITA.	HYSICIAN: The ding physicio physicio is certificote buriol-tronsit phonored Hygiel or item 18 sho	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18.	
OF.	SICIAN: Tong physicin certificate untol-tronsitional Hygi Item 18 sh	OD CONTRIBUTION CANCE OF D		DAY YEAR		
Z		(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
VISI/	3 Ph tren the ond	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
٥	Aft olth morl		pito) ottended the deceased fro	0/13 1079	10 6/21	, 1929, that (I (we) Nost
	OR STEEN	sow the deceased alive a	1 6/21	5/7	death occurred on the date and ho	
	RECTORED FOR THE SECTORED FOR THE SECTOR	226-SIGNATURE	ot) view the body after death.	DEGREE	-	22c DAJE SIGNED
	0 = 0 + 0 +	19119	10 HA	MIM ATTENDING PHYSICIAN	MEDICAL STAFF	6/23/29
	HOSPITAL FUNERAL WId be def h the Stote	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	Ing. ADDDESS	DIRECTOR PHYSICIAN	
	O HOSPITA etoined by TO FUNERA should be de with the Stol				Burwood Plaza, 1	/
	TO HOSPITAL retoined by the TO FUNERAL is should be determined with the State IMPORTANT: If	Sang K. Han,	M.D.	I N. Annapoli 23c NAME OF CEMETERY OF CREMATORY	s Rd., Glen Burn	ie, Md. 21061
		23a. BURIAL, CREMATION, REMOVA	6/25/7000		23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP	Burial 24 FUNERAL DIRECTOR	6/25/1979	Cedar Hill Cem.	Brooklyn Pk. TE REC'D. BY REGISTRAR 25b. REGIS	TRAP'S SIGNATURE
	DHMH - 16 50M 7/77 (VR A 15 (4))	Geo J. Gonce, 40	Ol Ritchia II	S Poltimon	IN 2 7 1070	INAN S SIGNATURE
		peo.o.donce, 40	or wrecure H	g., partimore of	11/9	TY/KEBreed.



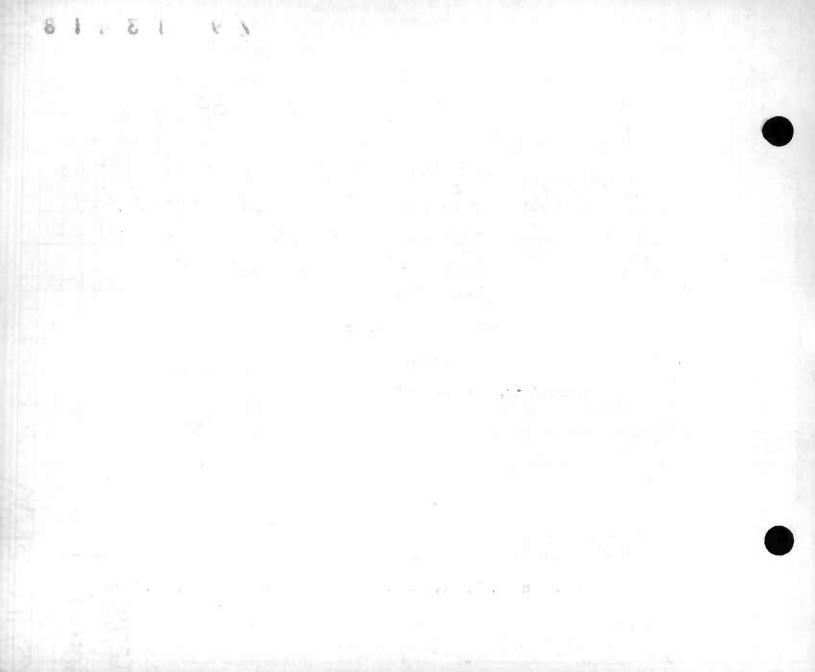
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN 76. HOUR LTYPE OR PRINT! DEATH MATED ONAWA 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YE DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 17 62 DEAD 16 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE 13e. STREET ADDRESS Rt. Box NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE LAST MIDDLE FIRST S I AND DORA WARD ROBERT CORNISH ADDRESS Cambridge, Ma. 17. INFORMANT 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FO (YES, NO. OR UNKNOWN) 217-12-4523 OREM M. CONAWAY Sr. Rt. 1 Box 315 A PROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSTOUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF TO BURIAL, YES | NO. E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M MONTH DAY YEAR UNDERLYING . MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED CITY OR TOWN AT WORK AT WORK FUNERAL DIRECTOR: PAGE ER DEATH, WITH THE STATE TIMORE, MARYLAND, 21201 P 40 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Undetermined manner deoth resulted from Hamicide TITLE (SPECIFY) 6.17.79 SIGNATURE FOR PAGE TO FU AFTEF BALT EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) BURIAL CEMETERY Buck to un Dorchester Ma BP 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) BORRDLEY FUNERAL HOME Cambridge, Md. 15M 7/76

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60		CEASED NAME 1951	Arthur	-cour T.	LAST	Cook 20. D		MONTH DAY YEAR	2b H
LW 1		ari	hun -	7	Clark	DI	OF ESTI-	17. 2	14
A PER DOM	1. SE)	4. RACE	S. DATE OF BIRTH	LAST BRIDE	MONTHS DAYS		DATE MOUNCED	ONTH DAY YEAR	2d F
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etoined by TO FUNERA should be de with the Stot	1	224. PHYSICIAN'S NAME (TYPE OF		22e ADDRESS	· Annapolis, Md.	
MAPO To	230.	BURIAL, CREMATION, REMOVAL	Kinzer, M. D., I	NAME OF CEMPTERY OF CREMATORY	23d LOCATION CLOS	coupin)) / state
DHMH-16 20M (VRA 15, 4) 7/78	24	UNERAL OMECTOR WHITE WHITE	+ The forth	coolms !	E REC'D. BY REGISTRAR 251. REGIS	STRAR'S SIGNATURE



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IMPORTANT: If them 21 is marked at frem 18 shows any

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should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

ATTENDING PHYSICIAN: The low

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		REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

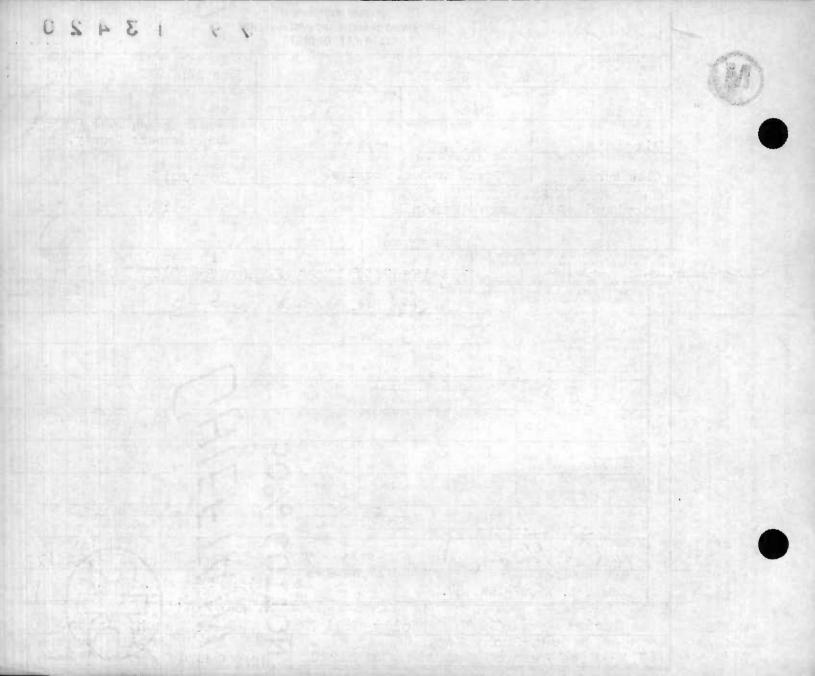
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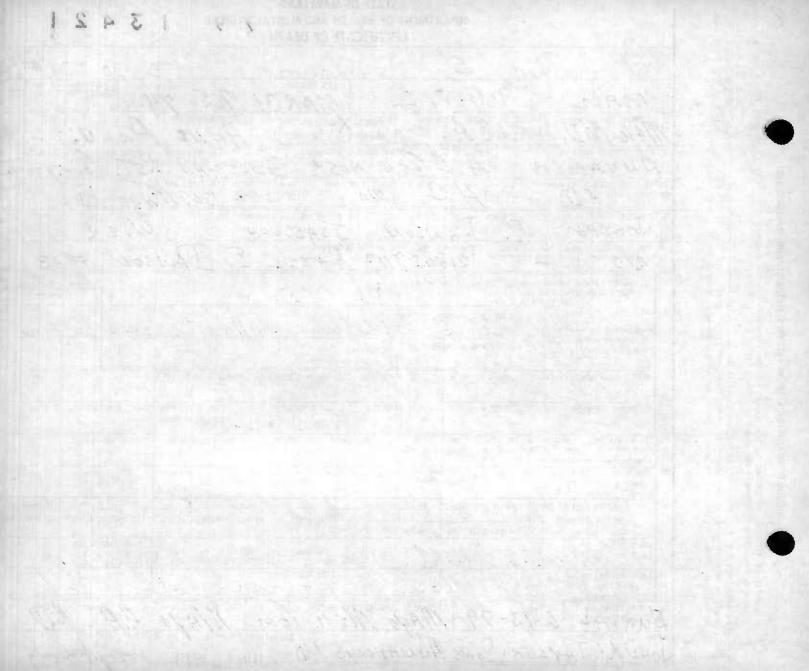
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Marion Culotta 3. SEX Female ARCE White Month Aug. 8, 1893 85 76 BIRTHPLACE (STATE OF FOREIGN COUNTRY) TO LITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CITY OR TOWN III. STATE III. NOTHER'S MAME III. FATHER'S NAME III. FATHER'S NAME III. STATE III. NOTHER'S MADEN NAME III. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO J. STATE ON TOWN III. CITY OR TOWN III. CITY OR TOWN III. STATE III. NOTHER'S MADEN NAME III. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO J. STATE ON TOWN III. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO J. STATE ON TOWN III. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO J. STATE ON TOWN III. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO J. STATE ON TOWN III. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO J. STATE ON THE REMINAL DISEASE OR CO. III. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO. III. ACCORDIN WAS UNDERLYING TO III. THE OF INJURY HOUR AM MONTH DAY YEAR III. HOW INJURY OCCURRED (RITER NATURE OF NAT	WORLD BERTHOAY BUNDER 1 YEAR WOUNDER 24 HRS. WONTHS DAYS HOURS MIN. WOR COUNTY OF DEATH ATION ATION STOF WORKING LIFE) 126. KIND OF BUSINESS OR STORWORKING LIFE) TOURS TOUR COUNTY OF DEATH ATION LAST GUDINESS OR LAST GUDINESS RESS ROBIN Rd.
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I SA	ONDITION GIVEN IN PART 1(a)
I SA	
I SA	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
I SA	YES NO
GREONINIBUTING CAUSE OF DEATH	JURY IN ITEM 18, PART 1 OR PART 2)
UF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
GREONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITYO	TOWN COUNTY STATE
WHILE NOT WHILE AT WORK	
test contry mor (i) (into nespitat) analogo into deceases from	19 74 , that (1) (we) last
saw the deceased alive on 19 19 ond that in (my) (aur) opinion death accurred on the above, (I) (we) (did (aid not view the body after death.	
226. SIGNATURE DEGREE	date and hour and from the causes stated
ATTENDING MEDICAL PHYSICIAN DIRECTOR PH	22c. DATE SIGNED
27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e. ADDRESS	126 DATE SIGNED
Cotais mo Acour 4th procure it	126 DATE SIGNED
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	126 DATE SIGNED
Burial 6/20/79 New Cathedral Cem. Balti	TAFF SICIAN □ 6/18/1979
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTI	IAFF SICIAN 120. DATE SIGNED 6/18/1979 COUNTY STATE MORE Maryland

Gonce, 4001 Ritchie Hg., Baltimore

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

3 -1 9 . of determined beni ningni nosa THE STATE STATE OF LOCKER, TOUR MANAGEMENT, THE STATE OF LAC PLANT TO THE PARTY OF THE PARTY. The same of the sa hard and throughthe the literature for or or the first Cupy a W. Litter, W.O. Hitter & Fg. , Eather W. W. and Co.

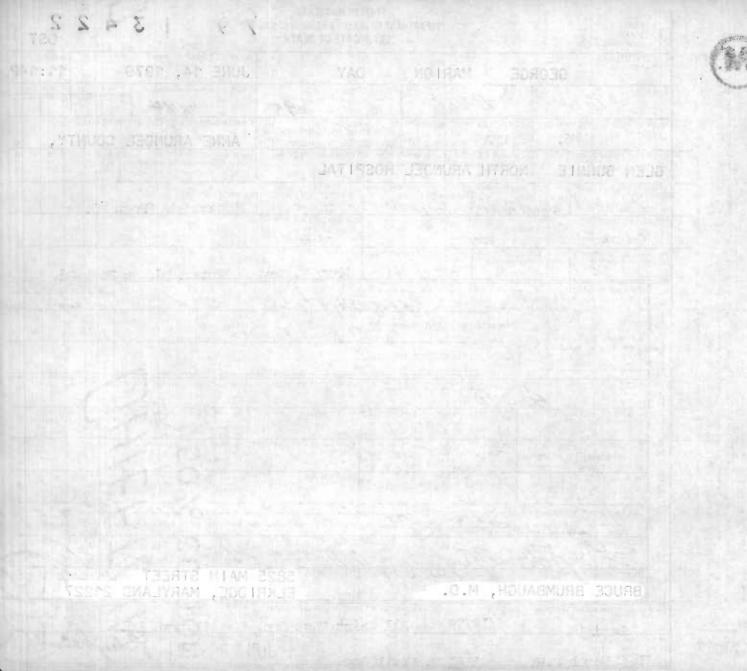




1101 E. North Ave

FOR

Wm C March F. H.



James S. Kirkley, Glen Burnie, Md.

FOR

- STATE

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

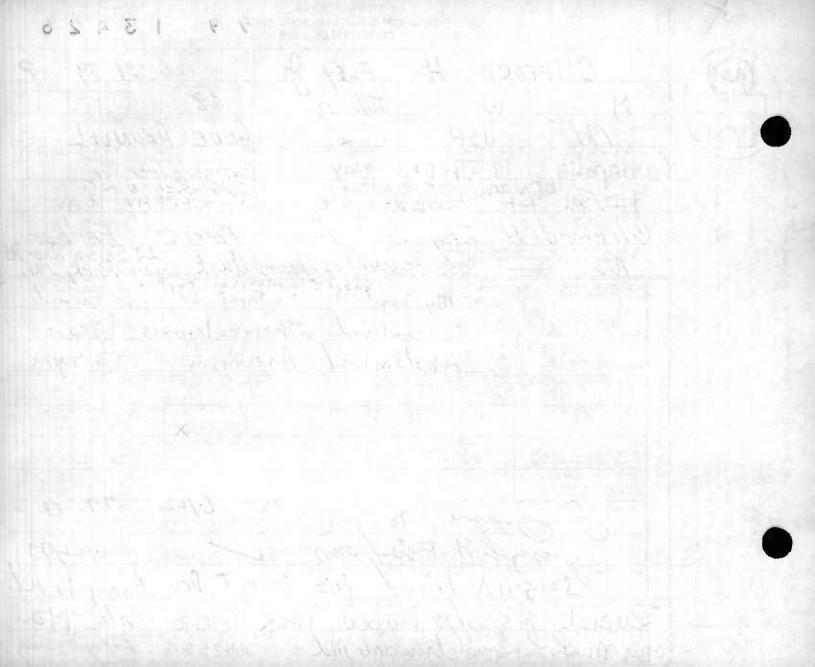
DEPARTMENT OF HEALTH AND MENTAL HYGUNE C

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		FOR			DEBARTA		OF MARYLAND ALTH AND MENTAL HY	CIENT'S O	1 7 8	63
3	1 -	STATE REGISTRAR			DEFARIA		CATE OF DEATH	REG. NO.	1 3 4	4
	1 DE	CEASED NAME OR PRINT) SOM	ue C		MIDDLE	LA	CANES	20 DATE OF DEATH	6 24 79	2b. H
	3. SE.	-1.7		RACE	/	5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHE		
37		RTHPLACE ISTATE OR I	FOREIGN]	L CITIZEN OF	WHAT COUNTRY?	08 MARRIED	13 18 NEVER MARRIED [BALTIMORE CITY OR		
7	10 C	TY OR TOWN OF DE	ATH	II. NAME OF		WIDOWED G HOME OF	OTHER INSTITUTION	12e USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		OF BU
53	USU.	INAPOLIS AL RESIDENCE (IF NUR	ISING HOME OR			ADMISSION)	HOSPITAL 134. INSIDE CITY LIMITS?	13e STREET ADDRESS		_
	MAR	YLAND THER'S NAME	A.A		ANNAPOLI	S	YES NO D	803 B Brooke	CX.	
22/		JOHN		W s	EADES		EMMA		JENN	NGS
7	léa V	VAS DECEASED EVER		MED FORCES?	215-12-14		MARY TAYLOR	2026 Forest I		is.
	-	IS CAUSE OF DEA	TH (Enter onl	y one couse pe	r m for (o), (b), one		1.5			DXIMATE N ONSET
		PART I. DEATH V	IMMEDIATE		Carcil	Dua	U KS	Up halus		OK
		Conditions, if ony gove rise to im couse (a), stati underlying cous	mediote ng the	DUE TO, C	OR AS A CONSEQUE	NCE OF				
	NO	PART 2 OTHER SIG	NIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT F	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	ITION GIVEN IN PART	l(o)
54	CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	OITION FOR WHICH	OPERATION	WAS PERFORMED	70e AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES []	DINGS ES OF I
9		210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	H		Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCUR	RRED	71e. PLACE	OF INJURY IREET, FACTORY, OFFICE, F		711 LOCATION STREET	CITY OR TOWN	e COUNTY	
		22s. I certify that (1) ottended t	he deceased from _		(M Ce. 19)	8 10 6	24 19 75	_, that
		saw the decease above, (1) (we) (27b. SIGNATURE	did) (did not	view the body	ofter death.		EGREE	n death occurred on the date		te couse
		IR !	40/8	chul	2		21 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	4	24.
)		224. PHYSICIAN'S N	A 1	SCH(11+		104 F8	iber ST.	Annay	01,
	23a E	SURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION		
	(DITTOTAT		1 00	2 000			CITY OR TOWN	COUNTY	
	24. FI	BURIAL JINERAL DIRECTOR LLTAM REES		6-29-			MEM. PARK	Anna pol 1 e Are rec'd. By registrar 25 IN 2 5 1979	B A A A N	ATUR





DIVISION OF VITAL RECORDS,

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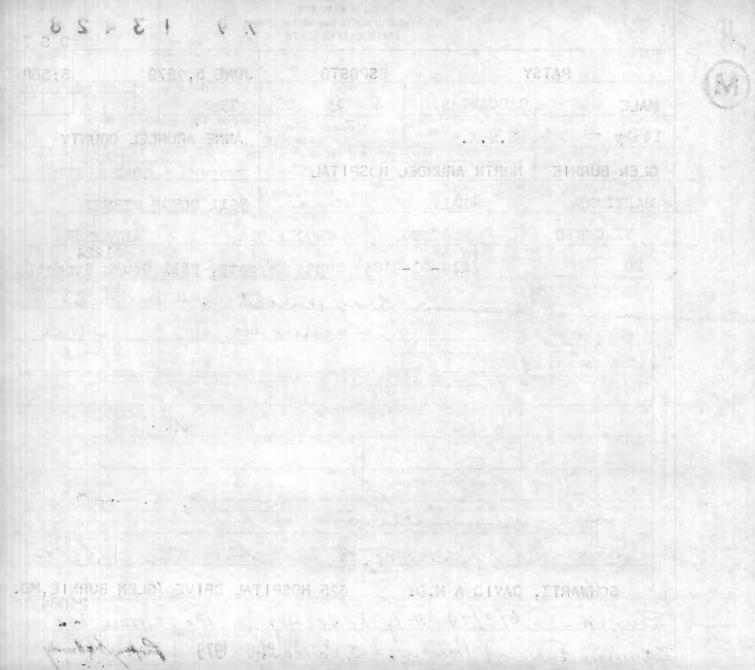
	FOR 1 - STATE REGISTRAR		STATE OF MAR RTMENT OF HEALTH AN CERTIFICATE O	F DEATH	REG. NO.	4 2 8 D S T
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		a. Date of beatter	DAY YEAR 2b. HOUR
	PAT		ESPOST(JUNE 5,1979	5;56P _M
	3. SEX MALE	CAUCASIAN	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS
1	70. BIRTHPLACE , STATE OR FOREIGN TOUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED -NEVE	ER MARRIED L	ANNE ARUNDEL	COLINITY
1	GLEN BURNIE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI NORTH ARUNE	DEL HOSPITA	(T	20. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF RETTRED * RO.	12b. KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOM 130 STATE 13b, CC MARYLAND		MORE YESX	NO 🗌		TREET
1	VINCENZO	ESPOS ESPOS		RUCIFICI	A MIDDLE A	LVARESE
7	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		mant inta Espo	ADDRESS Osto, 3511 Go	21224 ugh Street
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSECTION OF AS	QUENCE OF	ever	AL DISEASE OR CONDITION GIV	Jen Jen Jen Mart 1(0)
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	CH OPERATION WAS PER	FORMED	INCERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \ \ NO \ \
	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF C	DEATH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI spital) ottended the deceased fro	DAY YEAR 19 21f. LOCA STRI	. 19 25 my) (our) opinion deo	CITY OR TOWN to	COUNTY STATE
	SCHWARTZ			5 HOSPITA		EN BURNIE, MD.
	23a BURIAL, CREMATION, REMOV		NAME OF CEMETERY	R CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY 2106

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Zahning

HOME-263

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR 1979



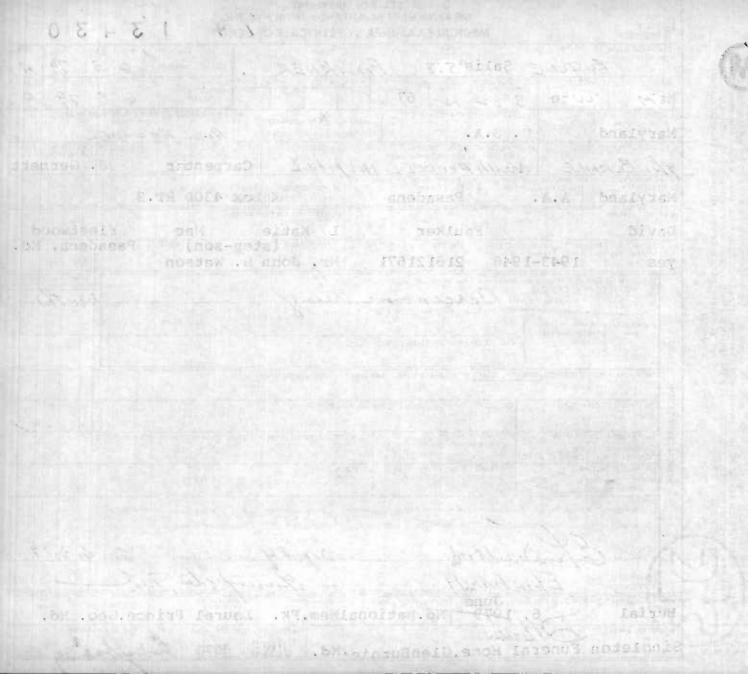
D 6	3.		1-	FOR STATE REGISTRAR	DEP /	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENY 9	1 3	429
(M			CEASED NAME FIRST PRINT) ROSE /	MACIE A RACE	FAMOSA S. DATE OF BIRTH	20 DATE OF DEATH 6. AGE (IN YEARS LAST B		YEAR 26. HOUR 3 6- 19:50 M INDER 1 YEAR IF UNDER 24 HRS
Poge	director hours at	ů.	7a. BI	RTHPLACE (STATE OR FOREIGN	CAUC 76 CITIZEN OF WHAT COUN	MONTH DAY YEAR	9 BALTIMORE CITY	YRS. MON	
deoth.	funeral thin 72		10. C	TY OR JOWN OF DEATH	- USH	MARRIED WEVER MARRIED L WIDOWED DIVORCED TRING HOME OR OTHER INSTITUTION	HNUE	Heu	NOEL MD.
201 urs ofter	by the	53	A	uwapohis	HATTHE WELL	TREET ADDIES !	170 USUAL OCCUPA	FEVICE	INDUSTRY .
AND 21	filled in	o usu o	13a. S	TATE UD. 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE INTO THE DATE OF		3460 S.	RIVER	TERRACE
MARYL,	mpletely and 2 sh	pkomine	14 F.	PAUL Z	MIDDLE MILAST	SZO 15 MOTHER'S MAIDEN N FIRST HUR	A MIDDLE	M	ANZO
BALTIMORE,	n and co	medicol medicol		/AS DECEASED EVER IN U.S. A es, no or inknown) (IF yes, Gi	RMED FORCES? 166 SOCIALS VE WAR OR DATES) 578	24 6811 CHAPLES	J. FAMO	SIA	#13
W. PRESTON ST., BALI	by the attending physicic sse remove carban papers , cremation, or removal.	orner traumonic event, the		PART I. DEATH WAS CAUS	only one couse per line for (o), (b) ED BY. ATE CAUSE (o) CAUSE (o) DUE TO, OR AS A CONSI	OLASTOMA MULTI	FORME		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ZMONTUS
RDS, 201	n signed b Then plear r to buriol,	injury, or o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVEN	IN PART Ito
AL RECORDS,	has bee	2	CERTIFICATION	190 DATE OF OPERATION 5-10-29	Bain	TO MO FERENCED	200 AUTOPSY?	20b. IF YES, W HY CERTIFYIN YES	/ERE FINDINGS USED IG CAUSES OF DEATH? NO []
DIVISION OF VITAL	this certificate the burial-transition of the thick the	9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	JRRED (ENTER NATURE OF IN		ORPART 2) COUNTY STATE
DIV OR ATTENDING	2 4 0	Hem 24 IS mork		220.1 certify that (1) (this hasp	pital attended the deceased from the body after death.	DEGREE	776,000		that (I) (we) lost and from the causes stated
HOSPITAL	All	MPOKIN		220. PHYEICIAN'S NAME (TYPE	OR PRINT, KUS LINE	22e ADDRESS	DIRECTOR PHYS	AFF GICIAN - AN	16/6/1/ vapo/15,MR
5	5 5 8 8 8	<u> </u>		LHIAL CREMATION, REMOVA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME OF CEMETERY OR CREMATOR	CBEOKIOWN	L	UNITY LINE

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DHMH - 16 50M 7/77 (VR A 15 (4)) in M. Taylor I Son Chupolind.

13 - 29 THE REST AND STREET WAS A PROPERTY OF THE PERSON OF THE PE THE PROPERTY OF THE PERSON OF Company of the Contraction of th The Market of the Land of the Control of the Contro

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		REGISTRAR	FIRST	MEI	MIDDLE	XAMINI			AIEOF			REG. N	0.0	*	3 0	
		CEASED NAME E OR PRINT)		0 14			- "	AST			OF	NOWN F		DAY	YEAR	2b. HOUR
ı	0 051		TevE	Salis	soury		AU	KNI	ER	1	DEATH A	AATED [-	3	19 79	13 M
ı	3. SE)		MC	ATE OF BIRTH	YEAR	6. AGE (IN YEAR	RS IF UND		HOURS /		DATE	ED	MONTH	DAY	YEAR	2d. HOUR
			ite	3 22	12		5.				DEAD		6	3	77	M
ı	FC	RTHPLACE (STATE OR REIGN COUNTRY)		CITIZEN OF WH		RY?	8. MARRIE	D NEV	ERMARRIE	D 🗆 9.1	BALTIMO	RE CITY	OR COUR	NTY OF	DEATH	
		ryland		. S.A.			WIDOWE		DIVORCED			AR				MD
	10. CI	Y OR TOWN OF DEAT	H 11. N	IF NOT IN SUCH FA			OR OTHE	R INSTITUT	ION	FOR MÓS	OCCUPA T OF WORKIN	TION (TYI NG LIFE)	PE OF WORK	0	R INDUSTR	Y
Ì	91	ENBURNI.	E		ARUN		11051	n, te	_	Car	pente	er		J.	Ger	nert
l	13a S	L RESIDENCE (IF IN NURS	3b. COUNTY	ER INSTITUTION, GIV	13c. CITY C	efore admission OR TOWN dena		3d INSIDE CIT	Y LIMITS?	3e. STREET	ADDRESS	5				
		ryland	A.A.		Pasa	dena		YES 🗌	NO	Box 4	430D	RT.	. 3			
		THER'S NAME	MID	DLE	LA	AST		FIR	R'S MAIDEN	NAME	MIDI	DLE			LAST	
		vid			ulke				atie		Ma				etwo	
ı	(1	AS DECEASED EVER IN				AL SECURITY			ANI (St				s Pas	sade	ena,	Md.
	yε	s I	1 943-1	946	2161	21671		Mr.	John	H. V	Vats	on		n i		
ı		18 CAUSE OF DEATH PART I DEATH WA	(Enter only one	couse per line	for (o), (b),	ond (c).)		1		120	100			BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
			MMEDIATE CA			um	40	Kun	9					3	mth	1
1		Conditions, if on	bish	DUE TO, OR	AS A CONS	SEQUENCE O	F	- 6	5							
4	9	gove rise to in	nmediate)	(b)							035		420			- 16.
	100	cause (o) stating the lying couse last.	he <u>under-</u>	DUE TO, OR	AS A CONS	EOUENCE O	F									
			((c)												
I	7	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRI	BUTING TO DEATH I	BUT NOT RELATE	EO TO THE TERMIN	IAL DISEASE (OR CONDITION	GIVEN IN PART	1 (a).				1	TUSEU	
Į	TIO	14 0 1 1 5 O C C C C C C C C C C C C C C C C C C	10.1	Total Control												
l	ICA	19a. DATE OF OPERAT	ION	196 CONDIT	ION FOR W	HICH OPERA	TION WA	5 PERFORA	AED?				87	20. /	AUTOPSY?	
-	CERTIFICATION	210 EXTERNAL CAUSE	W/AS	21b TIME OF	INTUINV		111. 1101	AT IN LITTLE OF	00000000	B1 (200 1/4 2)			1		YES 🗆	NO
ı		UNDERLYING OF				DAY YEAR	ZIC. HO	W INJURY (OCCURRED	(ENTER NATI	JRE OF INJUR	Y IN ITEM 18	PART LORP	ART 2)		
I	MEDICAL	CONTRIBUTING				19	101/ 100	ATION								
	MED	21d. INJURY OCCURRE WHILE NOT W		21e PLACE C STREET, FACT	ORY, FARM, ETC		21f. LOC			c	ITY OR TOWN	1	C	YTNUO		STATE
ĺ	40	AT WORK AT WO	RK								1 200		3/4			
١		22a. I certify that I to	ook charge of t	he remoins desc	cribed above	e, held on	Autopsy		Inspection		Inquiry [], or	nd in my o	pinion		
l		death resulted from:	Notwork	uses 🗖,	Accident [, Suic	ide .	Hamici	de .	Undeterm	ined man			500		
I		0	200					TITLE (SP	ECIFY)						3.77	
J	A.	ACTUAL SIGNATURE	Auch	raids	n		M.D	Dep	44	MEDICA	LEXAMIN	VER	DATE	ED 6	137	7
1	-	EXAMINER'S NAME	-1	1	11			/	13		. /	, 7	- 1			
J		(TYPE OR PRINT)	F-hu	NAAR	41.		A	DDRESS_2	An	wy	ales	, 12	us.			
		JRIAL, CREMATION, REA	0 0	ATE June		AME OF CEM				23 LOCA CITY OR T	OWN		CO	UNTY	STA	TE
1		rial	700	1	Md	.Nati	onal			Lau	rel	Prin				•
1		INERAL DIRECTOR	OMU	all acress					Se. DATE RE	C'D. BY RE	GISTRAR	25b. REG	ISTRAR'S	SIGNAT	TURE	
į	51	ngleton i	Funera	1 Home	e,Gle	enBur	nie,	Md.	JUN	5_ 19	979	Min	Aw	Sea. A	2	



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		DST
		CEASED NAME FIRST OR PRINT)	M	IODLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR A
		ALBER'	Γ	0.	FISH	ER	June 10, 197	9	
	3. SEX	Male	4 RACE	White	5 DATE (6 AGE (IN YEARS LAST BIRTHOAY) 73 YRS	MONTHS DAYS	IF UNDER 24 HRS
35		RTHPLACE ISTATE OR FOREIGN DUNTRY) Manuland	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE WIDOWI	D WNEVER MARRIED	9. BALTIMORE CITY OR COUN Anne Arundel		MD.
4	G	len Burnie	(IF NOT IN SUCH	Arunde	ADDRESS) I Hosp	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF WORKING	GLIFE) INDUSTRY	mber
33	139 S	at RESIDENCE (IF NURSING HOME OF STATE 136, COUI	other institution, on the Arunde	GIVE RESIDENCE BEFORE 130. CITY OR TOW Linthic	'N	13d. INSIDE CITY LIMITS? YES NOXXX	130. STREET ADDRESS Maple	e Road .	21090
20	14. FA	John	MIDDLE	Figher		15. MOTHER'S MAIDEN NAME FIRST	V. MIODLE	Ander	son
1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU 212-07-9	240	Mrs. Frances	Linthicken, 701	yland 2 haple	1090 Road
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF	MgT RELATED TO THE TEAM	Destan	Jem Jem Given in part 10	(0)
2	CERTIFICATION	19a DATE OF OPERATION	19 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO	YES, WERE FINDI	NGS USED S OF DEATH?
9		2) g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STRE	F INJURY ET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) (this hasp saw the deceased alive are above, (I) (we) (did) (did no	6-10	197	70.0	nd that in (my) (our) opinion	, to		that (I) (we) lost
		12h SHISTMATURE	Brah	h	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF TO DIRECTOR PHYSICIAN	22c. DATE	10.79
1		Hilary T.	1	y, MD			ospital Drive, A Burnie, Maryland		
	23a. B	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	{:	Bunial	6/14/7	9 91	en Ha	ven Memorial	Ph. Glen Burnie	Anne An	undel M.
	MC FL	uneral director willy Euneral	Home of	Brooksly	3 ,,		EREC'D BY REGISTRAR 256. REG	ISTP R'S SIGNA	Brenly

DHMH - 16 50M 7/77 (VR A 15 (4))

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MPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIETE

3

>	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10	100 (7.1)	34	1	
9		CEASED NAME	FIRST	- NIET	WIODLE	t	AST	20. DATE OF DEATH		DAY YE	M	76 HOUR	
В	(IIIE	OR PRINT)	MARY	JANI	E EVELYN	F	RANK		06	10 7	9	10:40)PM
	3. SEX			4 RACE		5. DATE C		& AGE (IN YEARS LAST BI	RTHDAY)	A CHADAM I		E CHADER 34	
	F	EMALE		WHIT	Ε	12			55° YR5.	MONTHS I	MYS .	HOUR	APL
		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEAT	Н		
35		IARYLAND		U.S.	Α.	WIDOWE		ANNE ARUN	NDEL C	OUNTY			MD.
	10 CI	TY OR TOWN OF	EATH	11. NAME OF	HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT				BUSINES	
4		EN BURNI	_	NORT	H ARUNDE	L HOSP	ITAL	HOUSEWIFE		FE) INDUS	Z	a	
2 5	13a. S		13h COU	NTY	13c CITY OR TOV	MN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	O PRO	OV DE	T 17 1	7 01	100
1		THER'S NAME	A.	Α.	PASADEI	ANA	YES NO X	100 WILL-	07a=0-	OK DR	TAI	25 21	122
2		FIRST		MIDDLE	LAST		FIRST	, MIOOLE	4		LAST		
SAC	160 10	GEORGE AS DECEASED EV		F.	FORNE		MAUD 17 INFORMANT	L,	ESS -			BER	_
1		ES, NO OR UNKNOWN)		E WAR OR DATES)					PA	SADEN			
		NO			1214-22-		JOHN S. FRAN	K, 100 WILI	L-O-BR				
-		PART I. DEATH	ATH (Enter of WAS CAUSE	nly one couse per D BY:	line for (a), (b), a	nd (C)	1.0	c1. r		BETY	VEEN O	NSET AND DE	ATH
			IMMEDIA	TE CAUSE (a) 7	Tanle,	my	reasons 1	spore		0	2	nou	2
		000	0	DUE TO, O	R AS A CONSEOL	JENCE OF	4.	0		1	10		
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		cause (a), sta	iting the	DUE TO, O	R AS A CONSEQU	ENCE OF	Later 11	- O Fresha	/				
		underlying (of	Jse 1051.	((c)	-1	110	perer pri	Carren	4		2	1en	W
8	z	PART 2 OTHER S	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	UDITION GIV	EN IN PA	RT 1/6	}	
	ATION	P	200	rasi	2_				Teau in the				
2	ERTIFICA	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES T NO	IN CERTI	S, WERE F FYING CA			2
G	CERT	210. ACCIDENT WAS	INDERLYING	216. TIME O			21c HOW INJURY OCCUR	74			RT 2)	70	
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	MEDIC	21d. INJURY OCC	7.1	21e PLACE	OF INJURY		21f. LOCATION	11					
	ME	WHILE AT WORK	WORK CO	(AT HOME, STE	REET, FACTORY OFFICE,	, FARM, ETC.)	STREET	O CHY OR TO	NWN	COUNT	×	STAT	E
		22a. I certify that	(I) (this hosp	ital) attended th	e sleceosed from	2:1	2- / 19/			19		hot (1) (we) lost
		saw the dece		ot) view the body	atter death	, 01	nd that in (my) (our) apinion	death occurred on the	date and hou	r and from	n the c	auses state	d
		226. SIGNATURE	1	LY	/ I	1	DEGREE			22c. [DATE S	IGNED	
		th	wer	1. /	Vanus	oh	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	33			
		22d PHYSICIAN'S	NAME (TYPE C	OR PRINT)	0		22e ADD ESS						
		HUBERT	F. MAN	IUZAK, M	,D,		425 RITCHIE	HIGHWAY S	E., G	LEN E	URI	NIE, I	MD.
	23a. B	URIAL, CREMATIO	N, REMOVAL	. 236. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE	
		BURIAL		06-14	-79 W	OODLAW	N CEMETERY	WOODLAWN	BALT	IMORE		MD.	

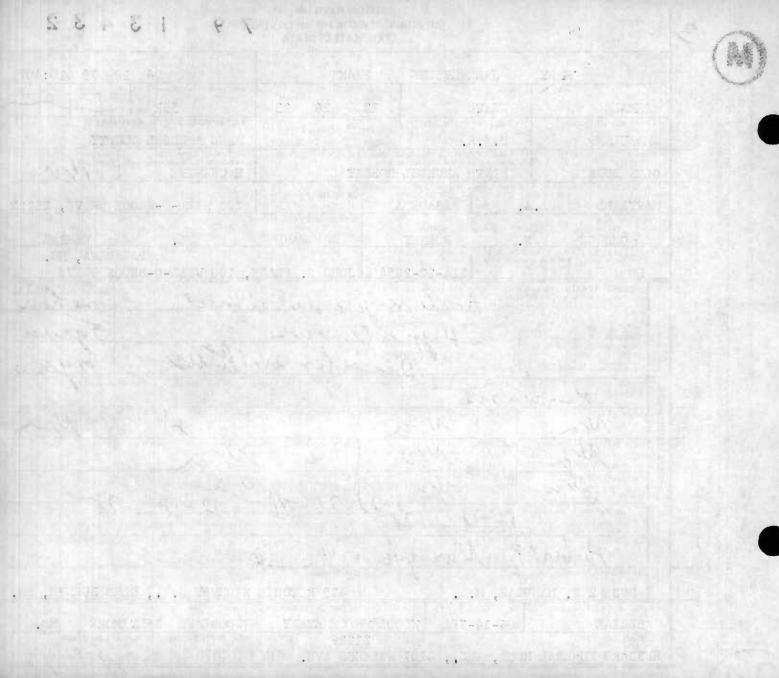
21229

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 05 LTYPE OR PRINTS 3 SEX BALTIMORI CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED Anne Acundel WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Masena Ave 15 MOTHER'S MAIDEN NAME MIDDI U UNKNOWN N 0 N 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which umania gove rise to immediate couse io', stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 2 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 0 IN CERTIFYING CAUSES OF DEATH? NOA YES NO F sho 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY b CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 28sow the deceosed olive on 6 - 2 8 - above. (1) (we) (did) (did not) view the body ofter death _, and that in (my) (a<u>ur) opini</u>an death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN be de MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS hould be 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) BP. Burial Glen Haven Cemetary Glen Burnie Maryland 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 Glen Burnie, Md. (VRA 15 (4)) Raynond C. Fink

13,55 A WELL AS THE WAR AT T STREET, LETTER OF A PROPERTY OF THE CALLED white alone water course a hachrad

REGISTRAR DECEASED NAME FRESH MODGERS FRETWELL 18. DATE ENDOWN MONTH DAY TEAM 18. HE MODGERS FRETWELL 19. DATE MONTH DAY TEAM 18. HE MODGERS FRETWELL DEATH MATED DATE MONTH DAY TEAM 18. HE MODGERS FRETWELL DEATH MATED DATE MONTH DAY TEAM 18. HE MODGERS MODG				F MARYLAND	CITATO I	7 1 3 4
DECEASED NAME	1-:	STATE			DEATH	DS.
ALLEN RODGERS ARCE S. DATE OF BIRTH YEAR A AGE INSTRUCTION THE INDER 1 YEAR THE UNDER 1 YEAR	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	
The Birthplace Charle or County The Citizen of What Country The Citizen of What Countr		ALLEN			DEATH MATED	JUNE 18 79 A
The Distribution of Potath U.S.A. WIDOWED DIVORCED DIVORCED PRODUCTION (IPPE OF WORK) The DISTRIBUTION DIVORCED DI	3. SEX	Male white	MONTH DAY YEAR LAST BIRTHDAY)		AIN. PRONOUNCED	6 18,079 A
Virginia U.S.A. WIDOWED DIVORCED ANNE ARUNDEL III. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION GLEN BURNIE NORTH ARUNDEL NO	7a. Blf	RTHPLACE (STATE OR DREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTDYS 10	ARRIED X NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
GLEN BURNIE NORTH ARUNDEL HOSPITAL Welding&Maintenance Par USUAL RESIDENCE (# IN NUCSHIP MADE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. STATE 130. STATE 130. STATE 130. STREET ADDRESS Rt. # 1 Box 338 M. FATHER'S NAME Lemuel Jackson Fretwell Lost Fretwell Lillian Flossie Brooks M. FATHER'S NAME MIDDLE LAST Lemuel Jackson Fretwell Lillian Flossie Brooks M. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 170. INFORMANT Waugh Chape 1DR Rd. , Odenton, NO N/A 26-18-166 Mr. John I. Crawford (son-in-law) B. CAUSE OF DEATH (Enter only one couse per me for (a) (b), and (c)) PART I DEATH WAS CAUSED BY: Lost Los	V	/irginia				
13c. CITY OR TOWN 13d. INSIDE CITY IMMITS 13d. STREET ADDRESS No 50 Rt. + 1 Box 338 14 FATHER'S NAME MODIE LAST L	GL	EN BURNIE	NORTH ARUNDEL HOS		FOR MOST OF WORKING LIFE)	ntenance Parl
15. MOTHER'S NAME N	13a. S1	TATE 136. COUNT	TY 13c. CITY OR TOWN			
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one couse part in total (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse part in total (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse part in total (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse part in total (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse part in total (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse part in total (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse part in total (b), and (c).) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a). 19. DATE OF OPERATION 19. CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a). 20. AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO ORAM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO ORAM MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR CONTRIBUTING COLUMPED TO THE TERMINAL DISEASE OR CONDITION OF PROTOCOLUMPS TO THE TERMINAL DISEASE OR CONDITION OF PART I (a).		ATHER'S NAME	MIDDLE LAST	FIRST	SJODIE 100	
18 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 18 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 18 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (b), ond (c).) 19 CAUSE OF DEATH (Enter only one couse purple for (c), ond (c). 19 CAUSE OF DEATH (Enter only one couse purple for (c), ond (c). 19 CAUSE OF DE						
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PART I DEATH WAS CAUSED BY:		NO I	N/A 20-10-100	Mr. John	I. Crawrord	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 214. INJURY OCCURRED CAUSE OF DEATH P.M. 19			(c)		•	
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21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY STA	AL CERTI	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	It. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18	
AT WORK AT WORK	MEDIC		21e PLACE OF INJURY (AT HOME, 21		CITY OR TOWN	COUNTY STAT
		death resulted from Natur	ra causes , Accident , Suicide			/
ACTUAL SIGNATURE M.D. Depo to MEDICAL EXAMINER SIGNED 6/18/19		ACTUAL SE	Sugar	M.D. Depo to	MEDICAL EXAMINER	
ACTUAL SIGNATURE M.D. Depotor MEDICAL EXAMINER SIGNED 6/8/19 EXAMINER'S NAME DR. ELMER LINHARDT ADDRESS 3 CHESAPEAKE AVE. ANNAPOLIS M		ACTUAL SIGNATURE EXAMINER'S NAME DR.	ELMER LINHARDT	M.D. Depo tog ADDRESS 3 CHE	SAPEAKE AVE	SIGNED
ACTUAL SIGNATURE M.D. Depotor MEDICAL EXAMINER SIGNED 6/18/19 EXAMINER'S NAME DO FIMED I INHADOT 3 CHECADEANE AVE ANNADOLIS M	23o. B	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION, REMOVAL 2	ELMER LINHARDT 236. DATE 23c. NAME OF CEMETE	M.D. Depo tog ADDRESS 3 CHE RY OR CREMATORY	SAPEAKE AVE	ANNAPOLIS MI 21403

.1364 .5 CLEW BURNIE - MORTA KROW EL HOSPITAL to the arrival of the control of the , , , , , Act in The Pears of the Act of A CANADAMANTA TORRES LINES TO MENOR DE GO 443 22 TO E 79 PARON DO JOHN SILE. Limited States The arms and the bridge of the control of the state of

•	soth. Page 4 parts	neral directo n 72 hours are elem
E, MARYLAND 21201	OR ATTENDING PHYSICIAN. The law tequines that the death certificate be executed within 24 hours ofter death. Page 4 man be harmed or estending physician.	IRECTOR, After the certificate has been upred by the attending physicion and completely filled in by the funeral directs, and their use as the burist transit permit. Then please embos papers. Pages 1 and 2 should be filed within 72 hours at a deep one of their perme prior to burist, cremation, or removal.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The deoth certificate be exec	the attending physicion and the carbon papers. Pages mention, at removal.
VITAL RECORDS, 201 W	AN. The law requires that thysician.	IRECTOR, After this certificate has been upred by the attending physic ched for use as the burish transit permit. Then please remove carbon page hept of Health and Mental Prigerie prior to buriof, cremation, or removal
DIVISION OF	DR ATTENDING PHYSICIAN The In hospital or attending physician.	IRECTOR, After this certification on the burishing the task of the burish and Mental

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH 26 HOUR YEAR TYPE OR PRINT) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY uphol Sterpe USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAS1 ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Samo APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES | NOF YES | 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deseosed alive on above. (1) (ye) (did) (did not) yiew the body after death and that in (my)(our) opinion death occurred on the date and hour and fram the couses stated 226. SIGNAPURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFE DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ANNAPOUS COLE 14 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23h DATE ITY OR TOW COUNTY STATE DULICY JAN COUR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR BOX 43A **ADDRESS**

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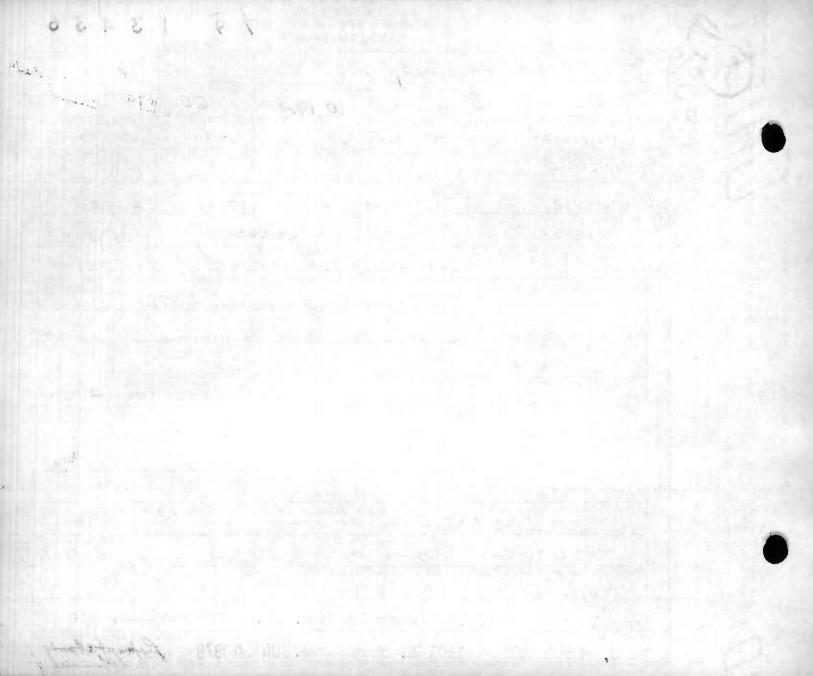
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1 DECEASED NAME MONTH 2h HOUR TYPE OR PRINTS HOMAS FAULKNER 2,20 pm 3 SEX 6. AGE LIN YEARS LAST BIRTHDAY! DAYS 70 BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH IRRINIA 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION ROWNSVILLE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 186 COUNTY EAGER ST. ALTIMORE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME TONES JAMES 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) BESSIE UNKNOWEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 Maaks inactive pl. CERTIFICATION 190 DATE OF OPERATION Ob. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram_ 6-15sow the deceased olive on 6 - 3
abave, (1) (we) (did) (did not) view the body after death ___, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL should be deta with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) CROWNSUILLE HSP. CNT. CROWNSUILLE ME 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Catonsville, Md. STATE (SPECIFY) Westview Mem. Pk. Burial 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 1101 E. North Ave. Wm C. March F/H (VR A 15 (4))



signed by the ottending physicion and completely filled in by the funeral director, page is not be seen than 22 hours after deather

(AA)	FOR STATE REGISTR
C	1. DECEASED N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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_			-	001

I. DE	CEASED NAME	FIRST		WIDDLE	L	AST	20	DATE OF DEA	ATH MONTH	YAO	YEAR	2b HOUR
(TYPE	E OR PRINT)	JOHN	V A	LEXANI	DER (GIBSON		JUNE	1, 19	979	201	1:46A
3 SE)	× Mal	4	RACE		5 DATE O	DAY Y	YEAR	AGE (IN YEARS L	AST BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Mare	-	VIPC	ue	AU	9, 26, 10	308	70		YRS.	-	
70 BH	IRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTR	RY? 8 MARRIED	NEVER MARR	IED	BALTIMORE C				
	MARYLA	ND	Ц.	11	WIDOWE			ANNE A		L C	YTNUC	9 M
	ITY OR TOWN OF DE		1. NAME OF			R OTHER INSTITUT		USUAL OCC			126. KIND OI	BUSINESSO
GL	EN BURN	IE N	NORTH	ARUNDE	L HOSE	PITAL		FORE	MAN		OVE	MAM C
USUA 13a S	AL RESIDENCE (IF NUI	RSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BE		134 INSIDE CITY LI	IMITS? 13	. STREET ADD	RESS	1+4		100
	Md.	IA.H.	Co.	TASA	DENA	YES NO		7612	4	12	37.	2/12
14 FA	ATHER'S NAME	WI	DDLE h) AST		15. MOTHER'S MAI	1	4 MI	DDLE	14	/7 LAST	
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	WAS DECEASED EVEN	R IN U.S. ARM		166 SOCIAL SE		17 INFORMANT	CONTRACT OF	7.6	ADDESS 4	1th. S	7.0	2112
	NO	_	-	215-1	0-5257	SHIP	RLEY	A.G	1350	O	TASA	DENA
	18 CAUSE OF DEA			r line for (a), (b),	and (C)			. 11	0		APPROXIA BETWEEN O	NATE INTERVAL
	PART I. DEATH	WAS CAUSED IMMEDIATE		1	DAG	ILAN INAL	1 0	Dun	Cew	4_		
					UNU	N V V V	-			100		
	1629	IMMEDIATE		P AS A CONSE	OURNICE OF	21(112				1		-
	Conditions, if any		DUE TO, O	R AS A CONSE	OUNCE OF	w (v v v				1		7
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DHMH - 16 50M 7/77 (VR A 15 (4))

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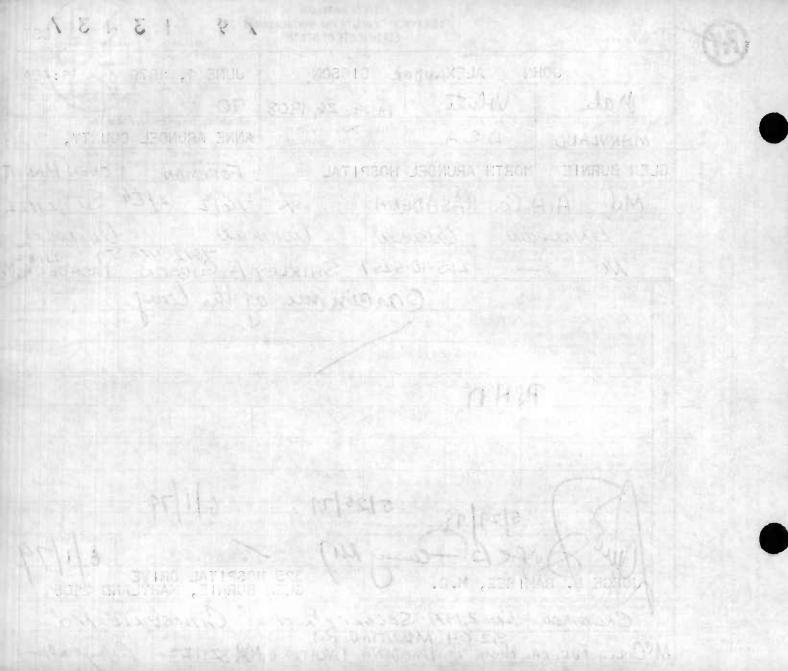
should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR. After this certificate has been signed by the

14 FUNERAL DIRECTOR 3204

MCCULY FUNERAL HUME F

SECURITY PRUCESS

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	STA	TE OF	WARYLA	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	1 3	4	DST
	CEASED NAME	FIRST	MIDDLE	L	AST	2a. DATI	OF DEATH	MONTH DAY	YEAR	26. HOUR
(ITPE	OR PRINT)	MARY	Α.	GIBS	ON	J	UNE 13	, 1979	9	10:147
3. SE	X	0 15	RACE	5. DATE C		6 AGE	IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
7	ema	le	Negro	MONTH	17 0	67	2	YRS.	THS DAYS	HOURS MIN.
7a. 81	RTHPLACE ISTAT	E OR FOREIGN 7b.	CITIZEN OF WHAT COUN	ITRY?	D NEVER MARRIED	7 BALTI	MORE CITY O	COUNTY O	FDEATH	
1	Mary	Kand	USA	WIDOWE		A NI	NE ARU	NDEL	COUNT	Y MD
GL	EN BUR		NAME OF HOSPITAL, NO NORTH ARU	STREET ADDRESS)	SPITAL		WORK FOR MOST OF		126, KIND C	OF BUSINESS OR
	AL RESIDENCE I		ER INSTITUTION, GIVE RESIDENCE		A ISA IN ISINE CITY I WANTE	o lu cro	CT ADDDESS	2 0	2 1	-0
Y	Marylo	TA A A	TO ISC CITY OR	IOWN	13d. INSIDE CITY LIMITS	5	T43	Bell	e Te	ne Ro
IA FA	THER'S NAME) , (MIDE	IIE 2 / ~ IAS	T 67	15. MOTHER'S MAIDEN	NAME	MIDDLE S	- 7	IAS	d
C	harl	es H.	Hines	25	Sara	h	n. ~	Ino	woll	m
	VAS DECEASED			SECURITY NO.	17 INFORMANT	2 16	ADDRE	ss Coli	inhi	gr, me
	110				oloya	6. 6	orut	100	04/	south
		TH WAS CAUSED B		by ondicin	acrest				BETWEEN	ONSET AND DEATH
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	Conditions, if	ony, which	DUE TO, OR AS A CONS	Deh	rdration					
	gove rise to	immediate	DUE TO, OR AS A CONS	SECHENCE OF						
	underlying	cause last	(c)	Sen.	le Peme	atia				
_	PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DIS	EASE OR CON	ITION GIVEN	IN PART 1	a ·
ğ										
CERTIFICATION	190 DATE OF O	PERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 A	UTOPSY?	206. IF YES, V		NGS USED OF DEATH?
E						YES [YES		№ □
	21a ACCIDENT W	AS UNDERLYING C	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OC	CURRED IENTE	R NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
EDICAL	I IF EITHER, NOTIFY	MEDICAL EXAMINER)	P.M.	19						
AE .	21d INJURY OC	CURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	'n	COUNTY	STATE
	AT WORK	AT WORK			1		1/10	,	7.7	
			ottended the deceased f	FR 41	nd that in (my) (our) api	nion death acc	urred on the do	te and hour o		that (I) (we) last causes stated
	226. SIGNATUR		1 /		DEGREE	-/			22c. DATE	SIGNED
		20.		le	ATTENDIN PHYSICIA		AL STAF			
1	226. PHYSICIAN	S NAME ITYPE OF PR	TO (IN	,	220 ADDRESS				211	114
	PAUL	S. RHO	DES, M.D.		1667 CROF	TON C	ENTER,	CROFT	ON, MA	RYLAND

BP.

should be detached for use as the burial-transit permit. Then plear with the State Dept. of Health and Mental Hygiene prior to burial. IMPORTANT: If Hem 21 is marked or Hem. 18 shows any injury, are

this certificate has been

TO FUNERAL DIRECTOR: After

DHMH-16 20M (VRA 15, 4) 7/78

REGISTRAR 25 PREGISTRAR'S SIGNATURE



15M 7/76

STATE OF MARYLAND

19 13439 The second constitution of the second constituti A. B. T. DORLONG The state of the s tiving . The angle of new local control of the state of t Control (nother) Sara a doctor. N.A. S. 216704323 Has. Legg. L. Glotte Line The farmer of the state of the state of the of the English Turisi Jave Gleckhyenken.PK. Cleckurois A.s. Md. Singiston Puneral Rose, Giengerete, Mo.

ADDRESS

Singleton Funeral Home, GlenBurnie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 7/77

(VR A 15 (4))



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George J. Gonce 4001 Ritchie Hgwy

- STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

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ie bay. Pica Burnio, lo ie bay. Pica Burnio, lo . Balbirone Gity B	425 Eltch	Qu. A.	inst sur	Dr. Luber

4 4

executed within 24 haurs after death. Page

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR		STATE OF MAKYLAND		
	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 9	3 4 4 3
			IZALI OT DEATH	REG. NO.	
1 DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Joseph	Harris	Graves	June 6, 19	979
3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE
	Male	White	March 10, 1907	72 yrs	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
7	Manuland	USA	WIDOWED DIVORCED	thoma danama	(ounty
	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS
	asadena	1576 Wall Dr	ive	(appenter-Bal	to Paint & Cher
USUA 13e. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		S? 13e STREET ADDRESS	21122
Me	1 /	Arundel Pasadeni		111 11 0	e Pasadena Md.
	THER'S NAME		IS. MOTHER'S MAIDEN	NAME	,
	John Sa	out LASGRE	aves Mary	Frances	Thompson
160 W	VAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	ADDRESS	MIO
(7)	(IF YES, GN	E WAR OR DATES)	2660 Mas. Evel	- C. 1576 Wal	1 Drive Pasade
			41	in graves	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI	nly one cause per line far (a), (b), or	nd (c).1	1 1. 6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		TE CAUSE (a)	11/01/2	for the	3,0
	1991	DUE TO, OR AS A CONSEQU	JENCE OF		
	Conditions, if any, which	((b)			
	gave rise to immediate				
	couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		
		(c)			
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	GIVEN IN PART 1(a)
CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICE	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
5	DAIL OF OFERATION	The Condition Tok Wille	TO ENAMED	IN CER	TIFYING CAUSES OF DEATH?
اقال					YES NO
U	210. ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN ITEM IS	8, PART 1 OR PART 2)
¥	OR CONTRIBUTING CAUSE OF DE	All I	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
			,	9 6	70.0
		ital) attended the deceased from.	7	, ta	_, 19, thos(1) (we)
	sow the deceased office of obove, (D) (we) (did) (did no	of view the body ofter death.	19, and that in (my) (our) opi	inian death occurred on the date and h	our and from the causes stated
	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
	ZZB. SIGITATORE		ATTENDIN	MEDICAL STAFF	6/8/75
	ZZE. STOTATORE		FITTSICIA		
		9 POINT	22e ADDRESS	DIRECTOR THIS CLAIM	
	22d PHYSICIAN'S NAME (TYPE)	R PRINT DA AM	22e ADDRESS	AN DIRECTOR THISTCHAN	
		BAHM.	22e ADDRESS	THE DIRECTOR OF THIS PERSON	
22a B	224 PHYSICIAN'S NAME (TYPE)	-BATH	220 ADDRESS NAME OF CEMETERY OR CREMATO	ORY 234 LOCATION	COUNTY STATE
22a B	224. PHYSICIAN'S NAME (TYPE)	BA 111 23b. DATE 23c.		DRY 23d LOCATION CITY PRITOWN	Many's Manylan

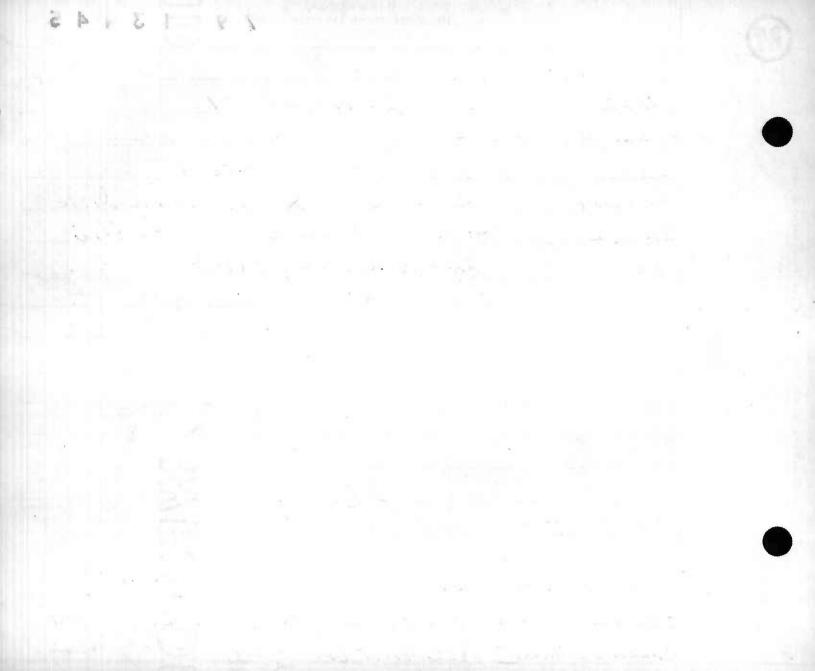
Md. 21122 Pasadena.

BP. DHMH-16 50M 7/77 (VR A 15 (4))

Mc Willy tyneral Home of Pasadena
Mountain and Lick Neck Roads

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MIDDLE

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH-16 20M (VRA 15, 4) 7/78

Anne Arundel Country, 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
ASST. Supervis INDUSTRY ROpper Eastern James Dr. LAST Unknown Same as Mrs. Patricia D. Boblit #13 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE PHYSICIAN DIRECTOR PHYSICIAN 325 Hospital Drive, #207 Glen Burnie, Maryland, 21061 Glen Burnie A.A. Md. 24 FUNERAL DIRECTOR Glen Burnie, Home.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

LAST

REG. NO.

MONTH

2b. HOUR

HOURS

IF UNDER TYEAR

DAYS

10:15

IF UNDER 24 HRS

20 DATE OF DEATH



V 1				STATE OF MARTLAND		
14 1	ł١.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		450
~	1 DE	CEASED NAME PRIT	MIDDLE	LAST	REG. NO:	DAY YEAR 2h HOUR
å 1	drive	walt	ER NMN	plaste	6/30/79	10450
4	1.56	100-	A RACE	MONTH, DAY	6. AGE (IN YEARS (AST SIRTHOAY)	MONTHS BAYS HOURS MIN.
Poge	71. 01	RTHPLACE ISTATE OF MOREIGN.	IN CITIZEN OF WHAT COUNTRY?	11 377868	8 BALTIMORE CITY OR COUN	TY OF DEADED
leoth.	C	Md Md	4.5A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	anone arus	del mo
on the ty	a	mabolis	11. NAME OF HOSPITAL, NURSIN	GHOME OF OTHER INSTITUTION	Retered Pub	TA KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicient and complete, filled in by opers. Page 1 mm 2 shoeld be fill you. nt, the medical examiner must be in	USU.	AL RESIDENCE OF NUISING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE REPORT Y 1340C3TY OR TOW	ADMISSION 11d INSIDE CITY LIMITS?	DA STREET ADDRESS	1
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AL RECO	FICA	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED /	IN CERT	ES, WERE FINDINGS USED OF YING CAUSES OF DEATH? YES O O
VITAL AN: The hysicio hysicio hronsit I Hygie 18 sha	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
SICIAL DIA DE PARTICION DE PART		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
O YH SILL NO NO	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
E eolo		22a.1 certify that (I) (this base	tal) ottended the deceased from			. 19 <u>79</u> , that (I) (=) lost
ATTE ospito d for t, of h m 21			June 30 19 1		death occurred on the date and h	
AL OR the he he he letache letache are Deported T. If he T.		Gay M.	. Ofil and	Sen, M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-3-79
TO HOSPITAL Cretoined by the TO FUNERAL Is should be detroined with the State IMPORTANT: If		226 PHYSICIAN'S NAME (TYPE O	1) 1 / - 1	, 22e ADDRESS	hes Street A	was polismo
PP	230	BURIAL, CREMATION, REMOVAL	236. DATE 7-5-79 2361	AME OF CEMETERY OR CREMATORY	23d. LOCATION HIT OR TOWN	COUNTY & STATE &
DHMH - 16 50M 7/77	24 F	UNERAL DIRECTOR	774 ADDRESS	250. DAT	E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VR A 15 (4))	10	1 EI/TICKES	HNINA	20412 - 12/01 70	L6 1979 this	tru hall

0 2 . 5 0 सिंडा/१९ १०% 1/4/2 11 2/4/2 2/4/2 Marine Branch to the Marine Branch State S Made the state of Lead the time of the second WWITE RUNGEDENT LANGE HALL BE COLLEGE CHEVERING Die 27 - Edward mary marchael BURGER THE THE POWER LAWS HOWELL AND SHE E. E. History June 2 Mid and mit will and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENT
TATE EGISTRAR	CERTIFICATE OF DEAT

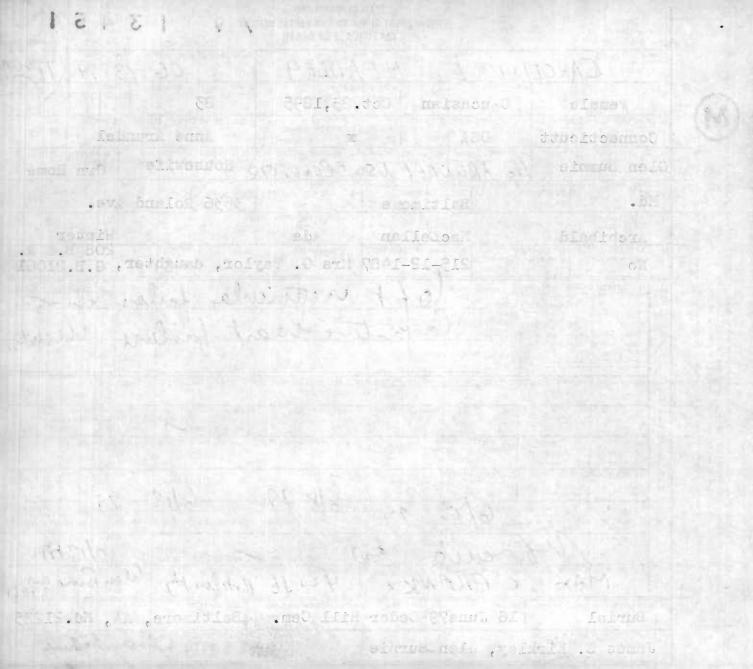
3 AL HYGIËNE Q

	1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	1 DE (TYP	CEASED NAME FIRST CAROL	INE E.	HE	ADLEY	20. DATE OF DEATH MONTH	13 - 79 11 40 A
1	3 SE	Female	Caucasian	S. DATE C	• 23 , 189 5 ar	6. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1/5	(COUNTRY CONNECTICUTE	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWE	DEVER MARRIED DEVORCED	Anne Art	
20 Position		Len Burnie	11. NAME OF HOSPITAL, NURSIN NE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	G. E CONV. CTT	120 USUAL OCCUPATION	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY HOME
must be	USU 130	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3536 Roland	d Ave.
Схотіре	14 F.	Archibald	MacLell	.an	15. MOTHER'S MAIDEN NAME FIRST	. WIDDIE	Winter
medical	160 \	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECU 215,-12-		Mrs G. Taj	vlor, daughte	208 B.& A. er, G.B.21061
r injury, ar ather traumatic e	NOIL	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	DEATH BUT			
shows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		YES NO S	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
21 is marked ar Item 18 s	MEDICAL CE	saw the deceased alive an	P.M. 21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, F	19 ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
MPORTANT: If Item		226. SIGNATURE	RPRINT) CARN	e,	ATTENDING PHYSICIAN 220. ADDRESS	Ritely Hy	Colen Bing ans
_		BURIAL, CREMATION, REMOVAL			Hill Cem.	Baltimore,	A'A', Md. 21'225

DHMH - 16 50M 7/77 (VR A 15 (4))

James S. Kirkley, Glen Burnie

JUN 1 5 1979



	1							OF MARYLA						
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1			REGISTRAR		ME		AMINER	'S CERTIF	ICATE OF	EATA	REG. NO.	4 3	. 6	
-			CEASED NAME OR PRINT)	E FIRST		WIDDLE		LAST	Carle Day	20. DATE KI	HOWN MON	NTH DAY	YEAR 2	b. HOUR
(4)	RS T.	,	L OKTANIII)	Dern	10++	V		HICK	E4	DEATH A	NATED	6 19	79	AN
(ME)	FILES HOUR STREET	3. SE)		4 RACE	S. DATE OF BIRTH			IF UNDER 1 YR		IRS. 2c. DATE	MON			24 HOUR
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ST., I HOU M 18.			PARTIDE	EATH WAS CAUSED	BY: E CAUSE (o)	1	Such	120 1	inner	I		1	A L	and on the
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NO ON	E 3 E DE	ME		NOT WHILE	STREET, FACT	TORY, FARM, ETC.)		STREET		CITY OR TOWN	1	COUNTY		STATE
ΞŽ			AT WORK	AT WORK						7.00				
ER:	FOR TES	TG.	22a. I certi	ify that I took charge	e of the remains des	cribed above,	held on	utapsy .	Inspection	Inquiry L	, ond in m	y opinion		
MINE	A T T A		death result	red from: Notyri	ol gauses	Accident	, Suicide	Hom	nicide	ndetermined man	ner,			
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TO MEDIC EXECUTE	PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21		TYPE OR PRI	NT)	TIMONE	11		ADDRESS	1/mg	of oles	no		-	
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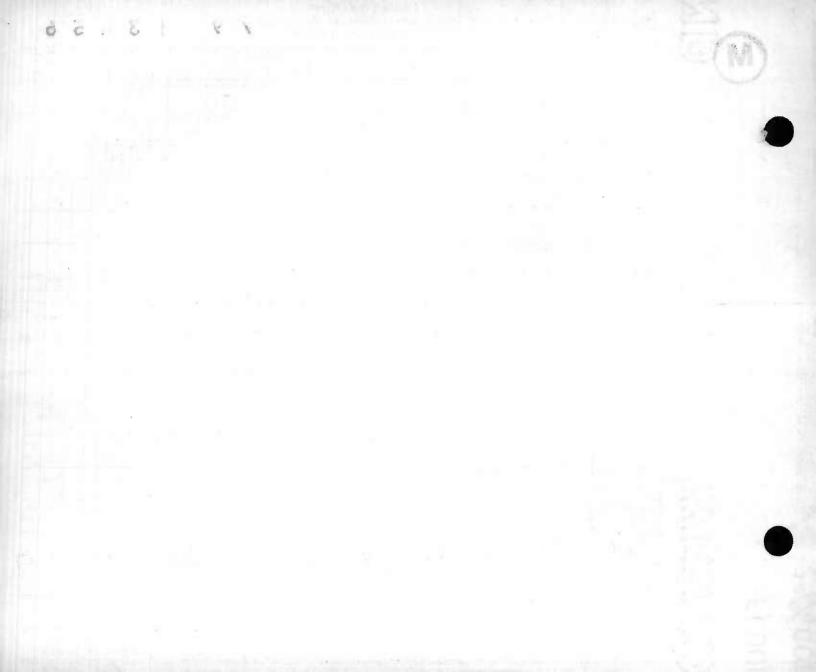
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIPNE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2s. DATE OF DEATH MONTH 2b. HOUR Earl Howard 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS Male Negro 21 Ta. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED TO Anne Arundel 12a. USUAL OCCUPATION 19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Severna Park Riggs Avenue Disables W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION). 13a STATE 13h COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Anne Arundel Annapolis Rt. 2. Box 297 Broadneck Road 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME N MIDDLE Agnes Howard James Howard 17 INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Annapolis, Md. DIANE HOWARD Rt. 2 Box 297 Broadneck Rd 218-16-3014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF chronic distructive lung disease 1973 Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 0 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES [NO [NO iol-tronsit certificote Mentol Hyg 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18: HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 50 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this-hespital) attended the deceased from -6 -6 79 sow the deceased alive on and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED DEGREE should be detach with the State De * ATTENDING MEDICAL STAFF 6 - 6 - 79 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Thomas Carlton Cullis Riggs Avenue 230 BURIAL, CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b. DATE COUNTY STATE (SPECIFY) BURIAL 6-12-79 CEME. St. Margarets Maryl and 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 Annapolis, Md. (VR A 15 (4)) WILLIAM REESE & SONS MORTUARY, P.A.

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(make		PE OR PRINT)		//	20. DATE KNOW!	
"妈妈 "		BERNI	PRD T.	Johnson	DEATH MATED	0 6 8 1979 DM
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20年年1日	7a. E	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CIT	TY OR COUNTY OF DEATH
0,725,80	2	Va.	U.S.A.	WIDOWED DIVORCE	- 10	1. 11 A de.
7203	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA			RUNACL, GUN 7 MD.
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	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
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RE, MI	-	Thomas	Johnson	Sally		Burgess
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	. ,	7.77	T I 579-01-7	687 Louisa A	. Johnson	(Wife) above
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A F B B F F F		death resulted from Natur	al causes , Accident , S	vicide	Undetermined manner	b'
AR WILL			1 12/1	TITLE (SPECIFY)		110
A.H.		ACTUAL SIGNATURE	14470	MDDO POX CI	MEDICAL EXAMINER	DATE SIGNED 6/8/79
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 9.	23o.E	SPECIEVAL CREMATION, REMOVAL 2	3h DATE 23c. NAME OF CE	METERY OR CREMATORY	231. LOCATION	COUNTY STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE**



		1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		3 4 5 7
y be bge 3 death			CEASED NAME FIRST OR PRINT)	iAM E	Karslo	REG. NO 20. DATE OF DEATH MONTH	-7-79 4 8 M
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nin 72 ha	35	CC	MD.	U, S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE A	NTY OF DEATH SEUNDEL MD
by the lifted a	53	10, CI	TY OR TOWN OF DEATH	A HIS SUCH FACILITY, GIVEST	ospt	120 USUAL OCCUPATION (1996 OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR LINEUSTRY
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ed within	10.1	14. F.A	JOSEPH MIO	OLE KARS	15. MOTHER'S MAIDEN NA	ame missie -	LAST
oe execut n ond co . Poges 1	1	160 V	(AS DECEASED EVER N U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W.		12 MFORMANT C	- KARSLO	# 13
equires that the deoth certificate in signed by the attending physicia. Then please remove carbon poperity for buriel, cremotion, ar removol. injury, or other troumatic event, the		No.	18 CAUSE OF DEATH Enter only. PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if ony, which gave rise to immediate couse (o) stating the underlying cause last PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEC	Den Com Sylvence OF 1868-	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CO Y -
he low r bas bee he permit. ene prio	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: Ting physical certificate ricol-transferrors entol Hygi them 18 sh	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEA	18, PART 1 OR PART 2)
offendir offer this os the but hand Marked or		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIR pspitol or ECTOR: Al ed for use out. of Heolt m 21 is mo			22a.1 certify that (1) (this hospital saw the deceased alive an obove, (1) (was the did not) v	64, 19	76	n death occurred on the date one	I hour and from the couses stated
by the hp ERAL DIRE e detoched Stote Dept			Brin	truce		MEDICAL STAFF DIRECTOR PHYSICIAN	16/7/79
TO HOSPITAL retoined by the TO FUNERAL should be defined improved important: 1	1		27d. PHÝSICIAN'S NAME (TYPE OR PR	HALL	FOREST]	DR AUNA	pohis MD.
BP		131.1	URIAL CREMATION REMOVAL	G/11/19	RAME OF CEMETERY OR CREMATORY	23d LOCATION HILLA	COUNTY PLATE
DHMH - 16 50M 7/77 (VR A 15 (4))		3	Mr Jyla	v Hay Ctir	uspole md. 250, DA	ITE REC'D. BY REGISTRAR 256, RE	GENERAL'S SIGNATUR

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FOR - STATE

REGISTRAR

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 2a DATE OF DEATH MONTH 2b. HOUR 23,1979 JUNE 6: IF UNDER LYEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED MEVER MARRIED ANNE ARUNDEL COUNTY 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY hemica 13e STREET_ADDRESS 13d. INSIDE CITY LIMITS? t. Gler Burnie Gatewater 15 MOTHER'S MAIDEN NAME Budna MIDDLE osephine ADDRESS Mrs. Helen Kolodziejski, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN COUNTY

21061

DRECTOR PHYSICIAN

STATE

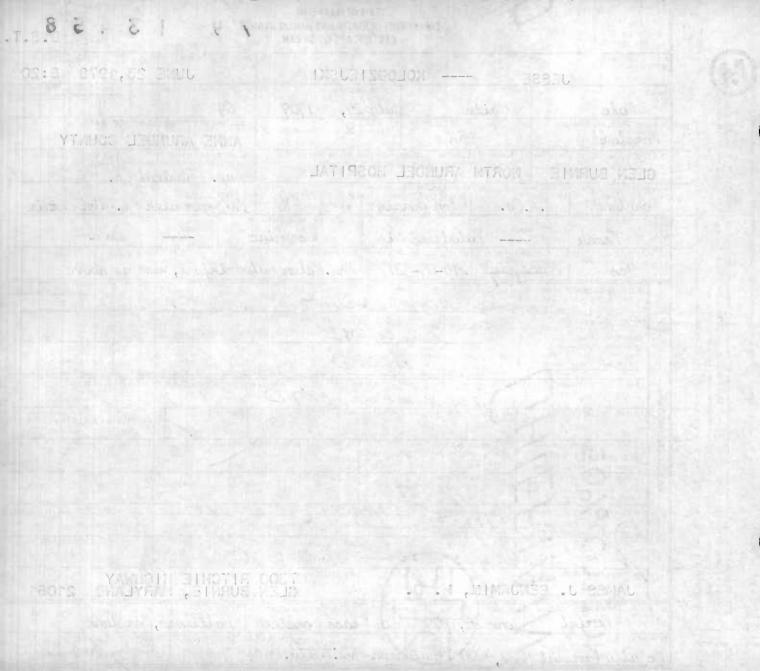
22c, DATE SIGNED

231, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore, Maryland (SPECIFY Burial emeteru ross

ully tuneral Home, 4200 Pennington Ave. Balto. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



	1-	STATE REGISTRAR		DEPART		ICATE OF	MENTAL HYG DEATH	IENE 9	REG. NO.	3	4 3	DST	
		CEASED NAME FIRST OR PRINT) WAL		lbert		AST	.sr.	2a. DATE OF		TH DAY	YEAR 79	26 HOUR	6
	3. SEX		4. RACE		LECHE.	F BIRTH		6 AGE (IN YE	EARS LAST BIRTHDAY		INDER TYEAR	IF UNDER &4	
	M	lale	White		Dec.	-	1 915	63		YRS.	THS DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE D	NEVER	MARRIED [RE CITY OR CO		1	100	
9		ryland	U.S.A		WIDOWE	D D	NORCED [Arunde				M
4	G1	ITY OR TOWN OF DEATH Len Burnie	North	HOSPITAL, NURSIN HEACILITY, GIVE STREET Arundel	Hospit		TITUTION	(TYPE OF WOR	OCCUPATION K FOR MOST OF WO L. Mech	RKING LIFE)	INDUSTRY		5 OF
5	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b COL Aryland A.A	YTAL	Give residence before 13c. CITY OR TOV	VN .	13d. INSIDE (ио 💢		ADDRESS lewood	St.			
SE.		ATHER'S NAME FIRST UNKNOWN	WIDDIE	echert		15. MOTHER	'S MAIDEN NAM	3.1	known	£ 1/2	LAS	ST	
1	(Y	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G WW	IVE WAR OR DATES)	21 21 08		Mrs.	Rosal		Leche		e as	#13	
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	00ETO, 0	R AS A CONSEQUE	ENCEOF	APPRIATE	D TO THE TERM	INAL DISEAS	E OR WIDITIO	ON GIVEN	IN PARL 14	αī	
7	CERTIFICATION	19s DATE OF OPERATION	IN COND	ITION FOR WHICH	+OPERATION	N WAS PERFO	DRMED	70e AUTO			ERE FINDING CAUSES		
7	MEDICAL CER	TIO. ACCEPTED WAS IMPERITING OR CONTENUTING CAUSE OF THE STATE OF THE	INI PLACE	M. MONTH D	TAME TO	7H LOCATI	ON TO S	AN ATTACAS COM	CITY OF TOWN		COUNTY	SEAT	
	V	77a.1 certify that (I) (this has saw the decoased alive obove, (I) (was did sold of 17b. Stalls have	016	10/10	111	DEGREE	19 (our) opinion o	MEDICAL	STAFF		27-120		
		ANASTACIO E.	1	MD.		22e ADDRE	1406 G GIen f	Crain I Burnie	Highway Maryla	and;	24984		
	236. E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	une 23c	NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	ATION OR TOWN	CO	UNTY	STATE	E

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial 8,1979 MeadowridgeMem.Pk.

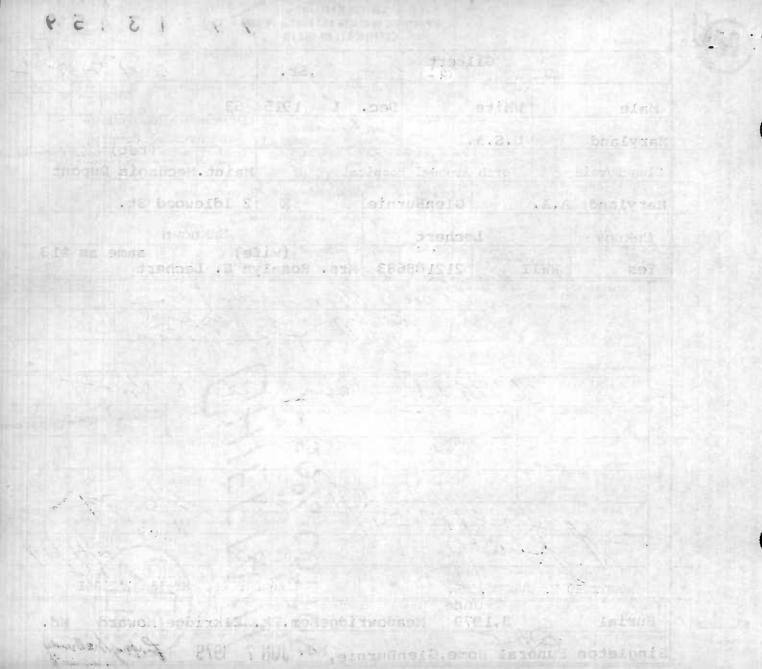
Elkridge

Howard

Md.

24. FUNERAL DIRECTOR
NAME
Singleton Funeral Home, GlenBurnie, Md.

1979



				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPARTM	IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	, ,	3 4 6 U
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 120 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	(TYPE	OR PRINT)	204 E	irus 1	6 90 7	9 2.126
	3. SEX	1.100		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE
	0.52	E	١٨١	MONTH DAY YEAR	Carr	MONTHS DAYS HOURS MIN
	7a BI	RTHPLACE (STATE OR FOREIGN 76 CITIZ	ZEN OF WHAT COUNTRY?	8 H 14	9 BALTIMORE CITY OR CO	YRS. L
E	C	OUNTRY)	USA	MARRIED NEVER MARRIED	ANNE AK	
-1		MARICAND	0.0	WIDOWED DIVORCED DIVORCED GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS O
53		(IFN	OT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY
1.7		AL RESIDENCE (IF NURSING HOME OR OTHER IN:	STITUTION GIVE RESIDENCE MEFORE		HOUSEWIF	E HOME
26	13a S	STATE 136 COUNTY	13c. CITY OR TOW	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	.0 0.0
K.	_	nd. A.A.	ANNAPC	IS MOTHER'S MAIDEN NA	1012 POPUL	AK AVE.
10		FIRST MIDDLE	LAST	FIRST	MIDDLE	LAST
404/	Ida V	CHARLES A. VAS DECEASED EVER IN U.S. ARMED FO	RCES? 166 SOCIAL SECU	RACHEL RITY NO 17 INFORMANT	ADDRESS	HOLLINHY
1		(IF YES, GIVE WAR OR E	DATES)	- 01. 1-1	Symple	16 MON ROG -
	_	NO _	213 22 2		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HUURIOGIS
		18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:		. 11	1 20.1.	APPROXIMATE INTERVAL RETWEEN ONSET AND DEA
		IMMEDIATE CAUS	E(0) Conge	of the mean	- raccon	
		1 0 0	E TO, OR AS A CONSEQUE			
		Canditians, if any, which gave rise to immediate	(b) ~ S(COMPD.		
_			E TO, OR AS A CONSEQUE	NCE OF		
		((c)			
	z	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO D	S Cuch to the term		ON GIVEN IN PART 1(a)
_	CERTIFICATION	198 DATE OF OPERATION 199	CONDITION ECONOMICA	OPERATION WAS PERFORMED	1200 AUTOPSY? 120h	IF YES, WERE FINDINGS USED
2	FIC	DATE OF OPERATION	CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN	CERTIFYING CAUSES OF DEATH?
di	ERTI	21g. ACCIDENT WAS UNDERLYING 21b.	TIME OF INJURY	121, HOW INTERVOCCHE	YES NO K	YES NO
9	_		OUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN II	EM 18, PARI I OR PARI 2)
/	DICAL		P.M. PLACE OF INJURY	19 211 LOCATION		
	MED	WHILE IN NOT WHILE IN	HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
		AT WORK - AT WORK -		6 31 38	10-28	79
		22s.1 certify that (I) (this hospital) after saw the deceased alive an	nded the deceased fram	9 - 21 19 19 19 19 19 19 19 19 19 19 19 19 19	, 10	nd haur and fram the causes stated
		abave, (1) (we) (did) (did nat) view to			ocam accorded on the date of	
		E. DAN.	- Delle	DEGREE ATTENDING	MEDICAL _ STAFF	DATE SIGNED
		22d_PHYSICIAN'S NAME (TYPE OR PRINT)	0	PHYSICIAN P	DIRECTOR PHYSICIAN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1		COROL A O	6.11.00	0 22 Red 10	Lu Ane A	was Man
- (44000	Hillib W	9 00109	0	2140
	23e E	BURIAL, CREMATION, REMOVAL 23b. D	10 1-0	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24 5	BUKIAL 6	130/79 HI	LCREST	E REC'D. BY REGISTRAR 256. R	
и 78	19 11	CHAME TO TO	ADDRESS	DO. DAI	JUL 3 1979	LILIAN S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 lwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumotic event, the medical exami

must be notified of once

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE

1 3 4 6

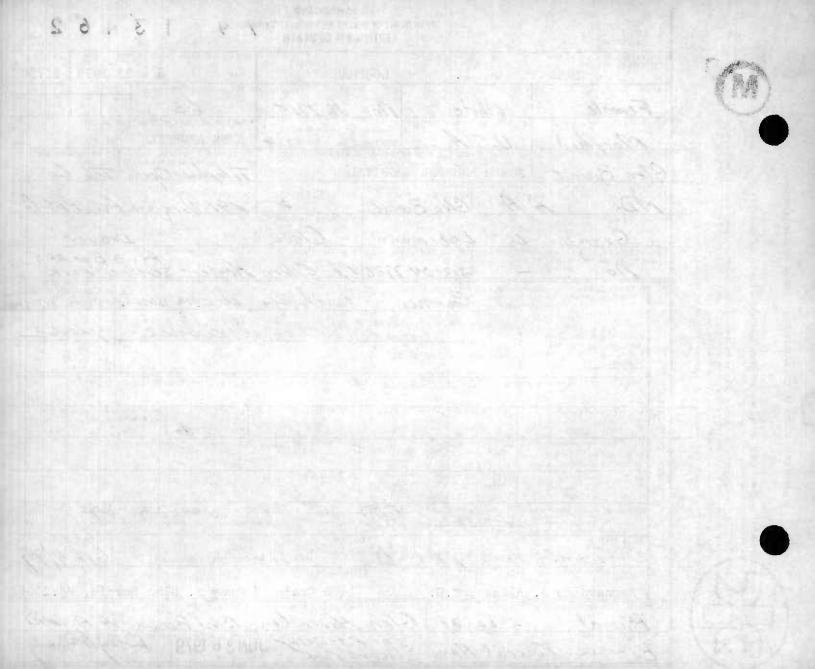
1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	0	7 4	-801	
	I. DEC	CEASED NAME	FIRST	^	AIDDLE		AST	2a C		MONTH DA	Y YEAR	Zb. HOU	
	(IIIFE	OR PRINT)	(ran	les &	dward	Lie	yd		June 23.	1979		Pilas	30 M
	3 SEX	a land		4 RACE		5. DATE O	DAY YEAR	6. AC	GE JIN YEARS LAST BIRT		FUNDER LYEAR	IF UNDER	V4 HRS
		Mare		Write		Augi	ist 14, 1419		59	YRS.		HOOKS	mild.
		RTHPLACE (STATE OR OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		ALTIMORE CITY O		OF DEATH		-37
0			Pa.	WH		WIDOW	DIVORCED	J /	Inna Arun		unty		MD.
	-	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET,		OR OTHER INSTITUTION	(TYPE	USUAL OCCUPATI E OF WORK FOR MOST O		126 KIND C	, ,	
9		saaena			versiae L	rive	21122	Re	et. (lenk		U.S.	40V'	t.
1	13a S	AL RESIDENCE (IF NUI	13b. COUN		13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. S	STREET ADDRESS	. / /1		211	22
2		aryland THERS NAME	Anne	Arunde	L Pasaden	a	YES NO	29	91 Rivers	ide Dr	LVE	2112	22
20	III FA	Jonn FIRST	/	middle aton	Lloyd		Mary	AAME	Ann	(rotoot	ST .	
1	16a W	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		241 RADDRE	enside i			
		Yes		W. 2	213 03 1	290	Alverta Lloy	pd	Paradon	4100	land 2	1122	
		18 CAUSE OF DEA			line for (a), (b), and	dich .	B		-11	, 0,	APPROX	MATE INTER	DEATH
	19	PART I. DEATH		TE CAUSE (a)	nerasia	te	Cartina	na	2 M	ren	40		
		1890		DUE TO, OF	R AS A CONSEQUE	NCE OF	6	5 3	6	1	100		
		Conditions, if an		(b)			1/2	ea	ney				
		couse (a), stat	ing the	DUE TO, OI	R AS A CONSEQUE	NCE OF					100		
				(c)								150	
	NO	PART 2. OTHER SIC	GNIFICANT	CONDITIONS <u>CC</u>	200 DATRIBUTING TO E		NOT RELATED TO THE TER	RMINAL	DISEASE OR CON	DITION GIVE	N IN PART 16	0}	
-	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		WERE FINDING CAUSES		
7	RTIF								ES NO	YES		NO [
9		218. ACCIDENT WAS UIT	_	216. TIME O HOUR A.	finjury M. Month Da	YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	RT 1 OR PART 2)		
-	ICAI	(# EITHER, NOTIFY MED	ICAL EXAMINER)	P.,		19				25-15-1			
	MEDICAL	21d, INJURY OCCUI		21e. PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	ST	TATE
b			WHILE O		. /		5/10 57	7	/	121	79		
	10	22a.1 certify that (e deceased from_	79	nd that in (my) (out) opinio	on death	to	ate and hour		that (1) (
		obove, (I) (MA)	(did) (did no	I view the body			DEGREE	on deom	occorred on the pr	are and noor	22c. DATE		1
		01.11	11. Me	Junes	lehr	·m.	ATTENDING	ME	EDICAL STAI		6/3	24/7	79
	30	22d. PHYSICIAN'S N	NAME TYPE O	R PRINT)	0		22e. ADDRESS		0	. /	1 6	112 7	
		1110	- Lelle	e9/11	4		Va.	nie	une.	met.	21	166	
	23a. B	BURIAL, CREMATION SPECIFY)	, REMOVAL	111 2	23c. N	1.	EMETERY OR CREMATORY	Y 23	ALLOCATION ALLOCATION	n V:	OUNTY	STA	ATE
	24 FL	UNERAL DIRECTOR	7	June 2	7. 19/9 AV	· ·	ton Natingal	ATÉ REC	D. BY REGISTRAR	25b. REOTSTR	AR'S SIGNAT	UDE	
	/M.	NAME			Tickoffec			J blah	9 7 1979	first	ry/Ke	Gread	7
	1110	July Cun	LENGL I	tome of	Pasadena	ras	adena Md 23	VILLE	2 1013		_		

DHMH-16 50M 7/77 (VR A 15 (4))

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		The sales	

W. W. D	1			STATE OF MARYLAND			William -
1 29°	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1 3 4 6	2 DST
1/2	1.0	DECEASED NAME FIRST	WIDOLE	LAST	REG. NO	O. FAN DAY YEAR	2b. HOUR
		PE OR PRINT)	Ε.	LOHRMANN	Ta. SAIL ST SEATT	6 23 1979	11:50 ^A
	3 5		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNGER I YEAR	IF UNDER 24 HRS
1		Female	alhite	MONTH DAY YEAR 1915	63	YRS.	HOURS MIN
ol die	7a.	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN		9 BALTIMORE CITY O	R COUNTY OF DEATH	
within 72	F	Marxland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNI		MD.
notified	10.	CITY OR TOWN OF DEATH	P. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S NORTH ARUNDEI	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) HOSPITAL	12a. USUAL OCCUPATION OF THE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
must be notif	. US 130	UAL RESIDENCE (IF NURSING HOME OR O'STATE		BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	in August	Out B
2 sh	14.	FATHER'S NAME	IGIEN I	IS MOTHER'S MAIDEN N		110. 17Ve. 1	(p). 6-,
exom	20	George	L. Lohr	mann Clara	WIDOLE	Deave	
medical	/ 160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRE	SSRY & ROX	265
		10 -	- 213-2	47788 /15 Eiker	Hester-	Severne Pa	rK
vol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b	o), and (c)	. 0 .	APPROXI	MATE INTERVAL DISET AND DEATH
event,		IMMEDIATE		recs Circhese	2 decomp	resald ove	13 minus
troumotic		15/12	DUE TO, OR AS A CONS	EOUENCE OF	1 - 8.	0 100	
r froum		Conditions, if ony, which gove rise to immediate	(16) Chr	muc el nan	ol aou	se ye	us_
dia dia		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF			
ry, or oth			NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART 110	01
r injury.	CERTIFICATION						
ws ony	Z P	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS USED OF DEATH?
18 shows	4		AN THE OF BUILDIN		YES NO	YES	NO 🗌
	/ 1	OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]	
or Hern	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION			
morked o	WEG	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	CITY OR TOW	OUNTY COUNTY	STATE
eolt s ma	9	22a. L certify that (I) (this hospital		om May 30 1979	into Mugs	22, 1979	that (I) (we) last
ote Dept. of H		sow the deceased ofive on obove, (1) (we) (did) (did not) :	view the bady after death	19, ond that in (my) (our) apinio	n death occurred on the do	te and hour and fram the	couses stated
Dept. f Item		226. SIGNATURE	a a contract of the contract o	DEGREE	,	22c. DATE	SIGNED
_		19-61.600	mo, h	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 6/2	3/79
h the Stote I ORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR P	R(NT)	22e ADDRESS			4
MPORTANT:		Bernardino A.	Alonso, M.D.	1406 Crain	Highway S. G	len Burnie, M	Md. 21061
₹-	230	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION		
21		Rucial	6-26-79	Glen Haven Cen	Cha B	rais A.A.	MD.
/77	24	FUNERAL DIRECTOR	ADDRES	0 1 - 1 - 1750 D	TE REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNAT	199
)		Ranganco Fon	eral Home.	Several Park	BIELEI OZNOF	marry 1200	Cusay



	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 9 1 3	4 6 3
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	3 SE	Em	NO. L	Is DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	7 79 9.30
	3 2E	Female	White	MONTH DAY YEAR	7.5 YRS.	MONTHS DAYS HOURS MIN
of once.		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY		Anne Arundel	
notified o		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Anne Arundel Ge	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OF
must be	USU, 13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 131. CUTY OR TOV		13e. STREET ADDRESS Four Sea	sons Drive
axamina axamin	14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	EAST
medicol		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
		Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEOL	testation Car		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ws ony injury	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
irem 18 snows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 19		
Liked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
If Rem 21 is mg		sow the deceased alive ar	truce m	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS		19 79, that (I) (we) lo ur and from the couses stated 22c, DATE SIGNED
MPORTANT		224. PHYSICIAN'S NAME (TYPE O				

3 4 6 3 Can make the state of the same of the

*	01	FOR FOR		6 Film	G533 7/6/	79 PC DEPARTA	MENT OF		RYLAND ND MENT	AL HYGJEN	NE				
	Ж	REGI	STRAR		ME		EXAMIN	ER'S CE	RTIFICAT	E OF DE	ATH	REG. NO.	4 (5 4	
	10	1. DECEAS	ED NAME	FIRST	•	MIDDLE	2-11-	LAS	т ,	1000	2a. DATE K	NOWN MO	NTH DAY	- YEAR	2b. HOUR
	ASE F. S. S. E. S.			DORI		C.			LONE			MATED -	30	1979	W M
	22.52	3. SEX	4	. RACE	S. DATE OF BIRTH	1915	6. AGE (IN YE	ARS IF UNDE	R 1 YR. IF UI	NDER 24 HRS.	2c. DATE	ED MOI	NTH DAY	YEAR	2d HOUR
	ARY	Fema 1	e W	hite	Apr. 4,	1916	63 YI				DEAD	6	30	77	M
	SE S	70 BIRTHP	LACE (STATE	TE OR	76 CITIZEN OF W	HAT COUN	TRY?		XX NEVER A	MARRIED -	9. BALTIMO	RE CITY OR CO	OUNTY OF I	DEATH	
	AN STATE OF THE ST		land		U.S.A.			WIDOWED		VORCED	Anne	Arundel	Coun	ty,	MD.
	THE THE SOLL V	JU. CHYO	RTOWNO	F DEATH	11. NAME OF HO	SPITAL, NUR	RSING HOME	, OR OTHER	INSTITLITION		MOST OF WORKI	TION (TYPE OF WI	ORK 112b. KI	ND OF BUS R INDUSTR	Y
	SELA SELA		polis		Anne Aru				ital.	C16	erk		U.	S.F.G	•
21201	ANY D AND 3 AND 3 AND 3 ECORD	130 STATE		136. COUL	OR OTHER INSTITUTION, G VTY	13c. CITY	OR TOWN	130	I INSIDE CITY LIM	1175? 13e. STE	REET ADDRESS	s allwood	Chmo	a to 2	1000
	2, ATA	Md 14. FATHER				part	imore			MAIDEN NAM		aliwood	Stre	et Z	1223
MD	ES 1, PM	F F	IRST		MIDDLE		AST	10	FIRST		MID	DLE	F	LAST	
S .	00 % 00		eceased	EVER IN U.S. AR	MED FORCES?		rley	Y NO. 17.	Jan			ADDREBalt	Fow		22
BALTIMOR	шш ш О	(YES, NO.	NO UNKNOW	N) (IF YES, GIVE	WAR OR DATES)	216	-01-72	77 M	r Hon	rs T N	Malana	508 S.			
BAI	WITH WITH DIVISI			DEATH (Enter or	nly ane cause per line			0	r, nen	1y 1, 1	arone	700 3.	, A	PPROXIMATE	NTERVAL
ST.,	M 18 NG SWIT		PARTIDEA	TH WAS CAUSE	D BY:		she	tilen					BETY	WEN ONSET	ND DEATH
NO	A 24 A A A A A A A A A A A A A A A A A A A	8	182	IMMEDIA			SEQUENCE	1	-		116				
PRESTON	ENCIL IN AMINER A TRANSIT ENTAL HY REMOVA	2 0		, if any, which			0								
¥.	TRA TRA REM		cause (a) st	ta immediate tating the <u>under</u>		AS A CON	SEQUENCE (OF.							
301	F-X43K	100	lying cause	e last.	(e)								100		
	"PENDING" IN "PENDING" IN "IFF MEDICAL E. SED AS A BURI, F HEALTH AND / CREMATION, O	PART	2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERM	INAL DISEASE OR	CONDITION GIVE	N IN PART 1 (a).					
RECORDS,	BE NOIN WEDIN	NO													
A A	NEE / PEI	CERTIFICATION 518	DATE OF C	PERATION	19b. CONDI	TION FOR V	WHICH OPER	ATION WAS	PERFORMED?	?			20. 4	AUTOPSY?	
DIVISION OF VITAL	ERTIFICATE SHO ING THE WORD ED TO THE CHII 3 SHOULD BE US SEPARTMENT OF RIOR TO BURIAL,	FIE	FT - F5			4					1.0	4,		YES 🗆	NO.
OF.	ATE WEN BUR	210	EXTERNAL	CAUSEWAS	216 TIME O HOUR A.A	F INJURY	DAY YEAR	21c. HOW	INJURY OF	URRED LENTER	NATURE OF INJUR	Y IN ITEM 18 PA	OR PART 2)		75
NO	ART OUT A STANDARD THE STANDARD	COL		G CAUSE OF		063	0 79	There	e for	me V	cumil	Clar	4km	Man	5
VISI	VRITING VRITING ARDED GE 3 SI (TE DEP, DI PRIO	MEDICAL 21d. WH	INJURY OC			OF INJURY	(AT HOME,	211. LOCA	TION)	CITY OR TOWI	. 0	COUNTY		STATE
ā	THIS CERTIF WRITING T WARDED TO PAGE 3 SHO TATE DEPAR			NOT WHILE [Ken	1 >	Slon	_		STORY .		MA
	SE CASE		2a. I certify	that I took char	ge af the remains de	scribed abay	ve, held on	Autapsy	lnsp	pectian ,	Inquiry	and in m	ny apinian		
814.23	FICATOR THE AND	dec	ath resulted	fram: Not	ral causes ,	Accident	Su Su	icide	Hamicide [termined man		183		
	WITH REPLIE	440		6/	2	1.1			TITLE (SPECIF	FY)					
	AN POUL		UAL NATURE 🔏	11	had)	M		M.D.	Delle	\$ 9 MED	OICAL EXAMI	VER SI	GNED 6	-30-	79.
	MEDICA CUTE THE E 4 SH CUNERA SE DEAT	EVA	MINER'S N	00	. / /	,	/		/	-		,			
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	(TYP	E OR PRINT	1)	LINAD	204	-	AD	DRESS	my	Tolis,	hat			
100.	ON A O F A	230. BURIAL (SPECIFY	CREMATI	ON,REMOVAL	23b. DATE	23c. N	AME OF CE	AETERY OR C	REMATORY	Car.	OCATION TO	Lally	COUNTY	STA	1
1000	BP	Bı	rial		7/3/79				lem. Pk		ward Co		Mary1	and	100
	DHMH - 17	24. FUNER	AL DIRECT	OR	ADDRESS	Balt	o.,Md.	21229	25a. D	ATE REC'D. B	YREGISTRAR	25b. REGISTRA	R'S SIGNAT	URE	
	(VR A15 ME (5)) 15M 7/77	Hu	ibbard	Funera	1 Home, In	c. 41	07 Wil	kens A	ve.	INT 3	1979	- ALA	4/10	Berely	· ·

85 05 3 coals c. malone 177 4 A. A.Co. Salverson Gundechi terne humber to a so to Manager Control of the Control of th . (. 177 And the state of t Color to the first of the color h The ways of the same of the sail o Treated Court Street . Co. Wie all tracking a court of the court of th

Hubbard Funeral Home Inc., 4107 Wilkens Ave. 21229

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 8 g532 6/20/79 gj

- STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VRA 15 (4))

COUNTY Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

COUNTY

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

Myers

21037

APPROXIMATE INTERVAL

weeks

STATE

IF UNDER 24 HRS

IF UNDER I YEAR



And the state of t The good for good for our South and the state of the stat titis contratte the vices of carry life for the life a Administration of the state Westers of all oge Commercial attendances Elisaber M. Kingar CHARGES IV KINSER MD ANNAPOLIS, ME ZITG San and the second section of the second There Fome at Mond Inc., all Hillman Sve. 22215.

n and completely filled in by the funeral directo Pages 1 and 2 shauld be filed within 72 haurs o

notified at once.

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injury, or other troumotic

should be detoched far use as the burial-tronsit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, crematia TO FUNERAL DIRECTOR: After this certificate hos been signed by

ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital ar attending physiciar

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

d	REGISTRAR		CERTIFI	CATE OF DEATH		REG. NO.	42.01	1	3300	
	1. DECEASED NAME FIRST	MIDDLE	LA:	ST	2a. DATE C		TH DAY	YEAR	25 HOU	R
	JAMES	DAVID N	McNALL	Y	29	JUNE 79)		132	5 M
	3 SEX MALE	4. RACE CAUC	S. DATE OF	JUNE 12	6 AGE (IN	YEARS EAST BIRTHOAY)	YRS IF UNC	OFR I YEAR	HOURS	24 HRS MIN
9	70. BIRTHPLACE (STATE OR FOREIGN MASSACHUSETTS	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED [A ATATE	ORE CITY OR CO	DUNTY OF D			MD.
1	FORT MEADE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, KLMBROUGH ARM)				OCCUPATION RK FOR MOST OF WOR A		b. KIND O IDUSTRY	F BUSINE	SSOR
	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU MARYLAND ANNE		N	13d INSIDE CITY LIMITS? YES NO 🛣	171	ADDRESS 9 TARRYT	TA NWO	JENUF	2	
C	14 FATHER'S NAME FIRST	MCNally		Charlott	e	MIDDLE	McS	Sherr	y	
	HES NO OR UNKNOWN) (IF YES, GIV	rmed FORCES? 166 SOCIAL SECU VE WAR OR DATES) 9-1959 02112		KATHY McN	ALLY 1	719 TARR	NWOTYS	JD.	IUE	
		DUE TO, OR AS A CONSEQUE (b) Artheroso DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	clerot	ic cardiova			DN GIVEN IN	I PART 1(c	g)	
7	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUT	OPSY? ZOB	CERTIFYING YES			H?
	VIO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN EITHER, NOTIFY MEDICAL EXAMINER AT WORK	HOUR A.M. MONTH DA	19	216, HOW INJURY OCC 216, LOCATION STREET	URRED (ENTER N	CITY OR TOWN		OR PART 2)	ST	ATE
		attended the deceosed from 9 Fun 19 or view he bady after death.		d that in (my) (ax) opini	MEDICAL		2	from the o		oted
	22d. PHYSICIAN'S NAME (TYPE OF THE CONTROL OF THE C	e, ED, CPT, MC	NAME OF CE	ME ADDRESS Kimbrough METERY OR CREMATOR			Ft.Mea	ade,	MD 2	0755
	, Chemandia, Almora			on chemiation	0.00	On TOWARD	court	Was	CTA	70

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Burial 24. FUNERAL DIRECTOR
NAME
Hardesty

ADDRESS

7/3/79

tuneral Home 12 Ridgely Ave. Ann Md

Arlington National

JUL 5

onal Cem. Arlington Virginia

250. Date Rec'd. By Registrar 250. Registrar's Signature

JUL 5 1979

ar and the The first of and the second of the second of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

LAST

2a DATE OF DEATH 26 HOUR MONTH 6 25 1979

IF UNDER 1 YEAR

IF UNDER 24 HRS DAYS

BALTIMORE CITY OR COUNTY OF DEATH

12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR

Ower Station INDUSTRY Balto

Ave.

Cable

ADDRES Annapolis,

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS LISED

IN CERTIFYING CAUSES OF DEATH? NO [YES [

STATE

STATE

Md.

22c. D'ATE SIGNED

COUNTY

STAFF 6.21.

DIRECTOR PHYSICIAN 21061

325 Hospital Drive, #104 Glen Burnie, Md.

CITY OR TOWN

Glen Haven Mem. Pk Glen Burnie 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy

DHMH - 16 50M 7/77 (VRA 15 (4))

BP

Buria]

24. FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

FIRST

DECEASED NAME

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off

within 24 hours

executed

ATTENDING PHYSICIAN: The low ng physicio

retoined by the hospitol

TO HOSPITAL

1				STATE	OF MARYLAND				
ı	1	FOR STATE			EALTH AND MENTAL HY	GIENE 9	1 3 4	4 6	8
ı		REGISTRAR		CERTIF	CATE OF DEATH	REG. NO).		· 2
9		EASED NAME FIRST	MIDDLE	L/	AST	20. DATE OF DEATH		YEAR 25	HOUR
	(TYPE	ORPRINT) FLLEA	1 4	Moo	Yar	1	0 1	79	P
1	3. SEX	4 R	RACE	5 DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DERTYEAR IF	UNDER 24 HRS
		F	WHit	E 5	27 1881	98	YRS.		DURS MIN
A		RTHPLACE STATE OR FOREIGN 76 (CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	1
2	6	viva.	USH	WIDOWE		HUNF.	HEUD	UDE	L MD.
	10 CJ1	TY OR TOWN OF DEATH		AL, NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF, WORK FOR MOST OF	DN 112	L KIND OF BU	USINESS OR
4	bh	EN BURDIE /	D. MADO	OR NUPSIN	4 HOME	HOUSEU	7E	HOM	18_
-	13a S	L RESIDENCE (IF NURSING HOME OR OTH			438. INSIDE CITY LIMITS?	13e STREET ADDRESS	-		
)		MD, MH	1+10	UAPOLIS	YES NO	HOEIVER	DR		9410
1	14 FA	THER'S NAME MIDD	E DA) LAST	15. MOTHER'S MAKEN'NA	WE MODIE		1/100	
1	-	OHN HENRY	1114	C40	SHEAH	H.	7	EVE	5
		AS DECEASED EVER IN U.S. ARMED		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	/	191
ı		100 -	1779	10903m	CAMILLA	PAVUE 7	# 13		
B		18 CAUSE OF DEATH (Enter only o	ne couse per line for	(n) (h) and (s)			T	APPROXIMATI BETWEEN ONSE	EINTERVAL
ì		PART I. DEATH WAS CAUSED BY	Y: \	heers			1000	3 -0 c	I AND DEATH
ı		IMMEDIATE C	AUSE (o)	- Vacce V Co				300	
ı	1	7 8 6	DUE TO, OR AS A	CONSEQUENCE OF			THE REAL PROPERTY.		
ı		Conditions, if any, which gove rise to immediate	(b)						
ı		couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF					
1		underlying couse lost	(c)						5 (6)
1		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	TION GIVEN IN	PART 1(o)	
	ON								
5	AT	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WE		
	CERTIFICATION					YES TO NOTE	IN CERTIFYING		DEATH?
1	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	RY	21c HOW INJURY OCCUR	1 - 904			
		OR CONTRIBUTING CAUSE OF DEATH		ONTH DAY YEAR					
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION				
	MEC	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJU (AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	'N C	OUNTY	STATE
		AT WORK AT WORK		of the Street	200	61	73		
		22a.1 certify that (1) (this haspital)	ottended the decea	sed from	2 V/ 19/) , to	17, 19_	, that	(I) (we) lost

sow the deceased office on obove, (I) (we (did) (did not) view the body offer death.

DEGREE

CREMATO

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

22e ADDRES

ond that (my) (our) opinion death occurred on the date and hour and from the causes stated

BP.

should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Depty of Health and Menial Hygiene prior to buriol, cremation, or removal.

must be notified of once

medical

injury, ar other troumatic event, th

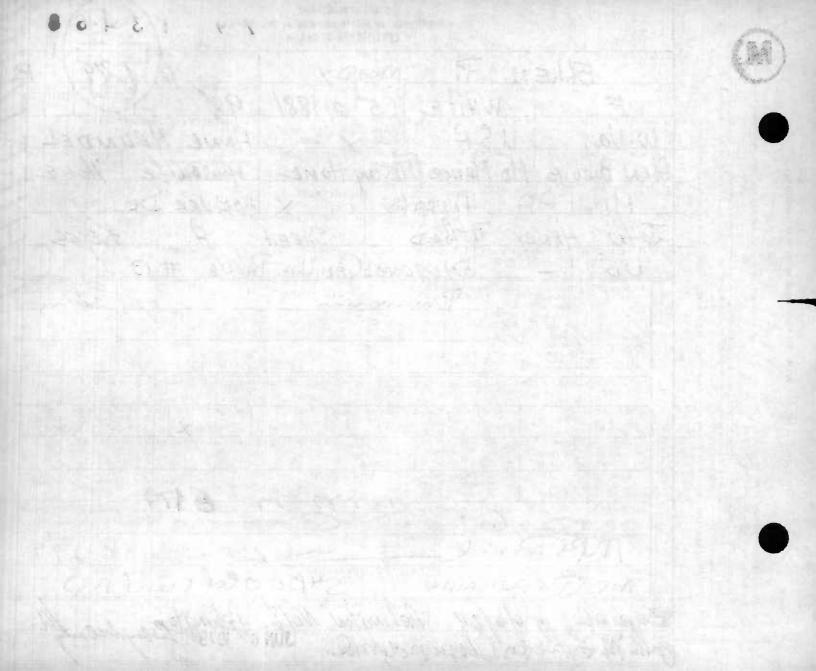
IMPORTANT: If them 21 is marked ar Item 18 shaws ony

DHMH - 16 50M 7/77 (VR A 15 (4))

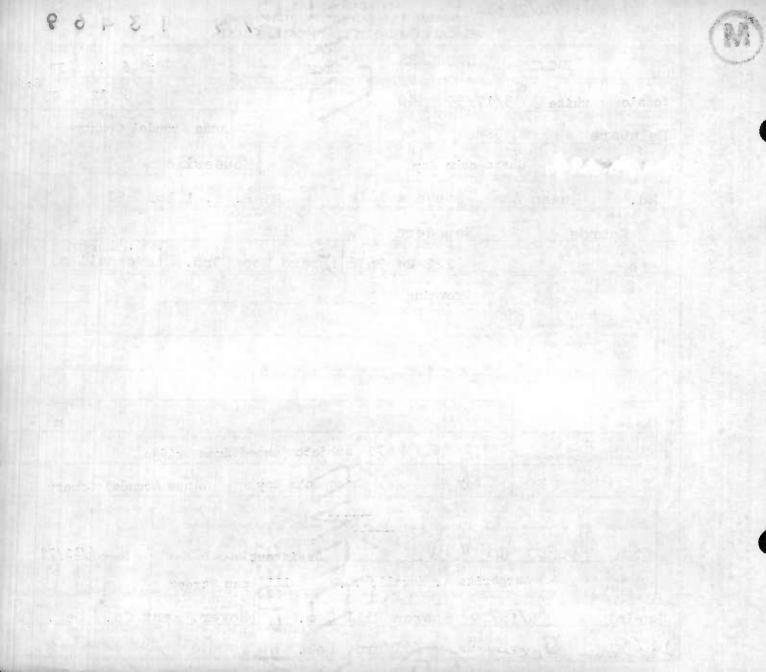
MAME OF CEMETERY OR

COUNTY

22c. DATE SIGNED



5 500	10 #G533		PARTMENT OF HEALTH			469
	REGISTRAR 1. DECEASED NAME	FIRST N	CAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	DAY YEAR 26 HOUR
URS S R A		127101	UNDERS	MOON NOER I YR. IIF UNDER 24	OF ESTI- DEATH MATED X 6	4 19 79 M
ON STR		ite S. DATE OF BIRTH	9 40 YRS. MONT		PRONOUNCED 6	12 ₁₉ 79 P _M
FECESSA WITHIN PREST	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Delaware	US A	T COUNTRY? 8 MARR WIDOV	NEVER MARRIED	- Anne Ariingei (
DELAY IS N TO THE FI N PAGE 5 BE FILED, DS, 301 W	Annapolis		TAL, NURSING HOME, OR OTHER TY, GIVE STREET ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	OR INDUSTRY
21201 E ANY DEI F AND 3 TO SHOULD BE CORDS	130 STATE	COUNTY ueen Ann	residence BEFORE ADMISSION) 30 CITY OR TOWN 10 tevensville	13d INSIDE CITY LIMITS?	R. D. 1 Box 850	0
MD. 3 S 1, 2, 2 S 1, 2, 2 VD 2 S VITAL	14 FATHER'S NAME FIRST Monroe	MIDDLE	unders	IS MOTHER'S MAIDEN	, MIDDLE	ens LAST
BALTIMORE, RS AFTER DE GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF	16a. WAS DECEASED EVER IN		166. SOCIAL SECURITY NO. 222 24 3638	Informant Lenard Mo	APPRESSD.	Box 850 sville, Md.
HOL MA 18 WAIT	18 CAUSE OF DEATH PART I DEATH WA	MMEDIATE CAUSE (0)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESS D WITHIR FENCIL IN AMINER TRANSII ENTAL HI REMOVA	Conditions, if on gove rise to in couse (a) stating the lying couse lost.	y, which (b)	A CONSEQUENCE OF			
S, 3 XECI S, 1 BUR BUR DN,		ONOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART) (a.	
VITAL RECORD SHOULD BE E. ORD "PENDIN" CHIEF MEDIC BE USED AS A T OF HEALTH IT OF HEALTH ITALL CREMATIC	190. DATE OF OPERAT	ON 196 CONDITIO	ON FOR WHICH OPERATION V	VAS PERFORMED?	ME TO THE ST	20 AUTOPSY? YES X NO
NOF VITE WITH WOULD FOULD FRIMEN		WAS 21b. TIME OF IN HOUR A.M. A	ACRIEL DAV. VEAD		ed from bridge	PART 2)
DIVISICE THIS CERTIING WRITING AGE 3 SH TATE DEPAIR TA	UNDERLYING ON CONTRIBUTING CATE OF THE CONTRIBUTING CATE OF THE CONTRIBUTION CONTRI	D 21e PLACE OF	INJURY (ATHOME, 211, LC Che	ccation sireer sapeake Bay	Anne Arunde	OUNTY STATE
XAMINER: 1 EETIFICATE, ID BE FORV WITH THE SI ARYLAND, 21		ook charge of the remains descri	ccident , Suicide X	Homicide ,	Undetermined monner . L MEDICAL EXAMINER DATI	E 6/13/79
MEDICAL E ECUTE THE C SE 4 SHOU FUNERAL I ER DEATH.	EXAMINER'S NAME (TYPE OR PRINT)	Margarita	A. Korell, M.D		Penn Street	
TO MI AFTER BALTIN	230.BURIAL, CREMATION, RE. (SPECIFY) Burial	MOVAL 236. DATE 6/18/79	23c. NAME OF CEMETERY C Sharon Hill		23d. LOCATION CITYORTOWN CO. CO. Dover, Kent Co.	ounty Del.
DHMH - 17 (VR A15 ME (5))	24. FUNERAL DIRECTOR	Barreli	Milford,	25a. DATE RE	ec'd. By registrar 25b. registrar's	SIGNATURE



STATE OF MARYLAND

SOURCE BY HOUSE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely tilled in by the funeral d TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

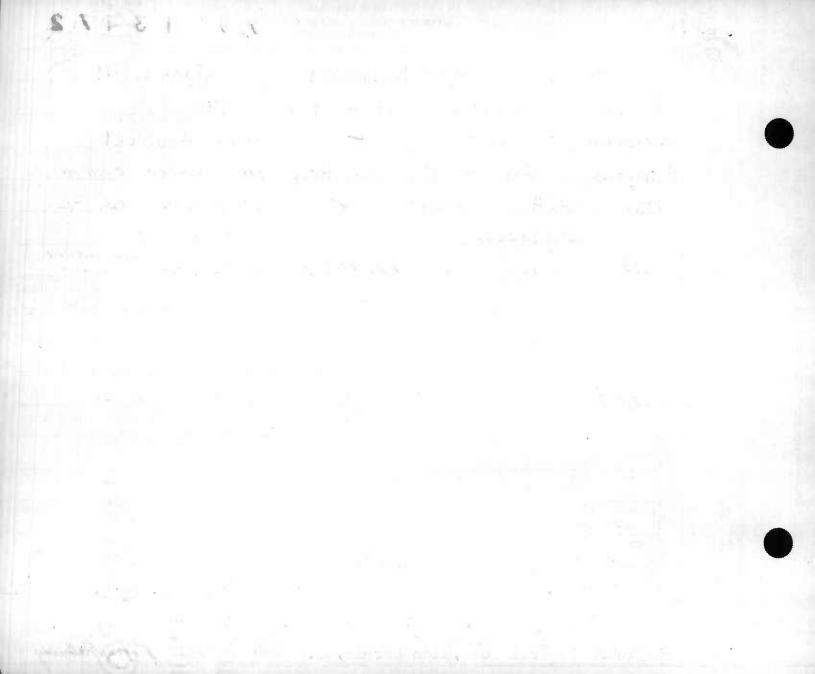
	1-	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO	0.	1 / 1
Mi	(TYPE	CEASED NAME FIRST Uictori	MIDDLE	Mueller	6/13	179	S PM
9	3. SE	Hemale	WHITZ	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN
phenal of hin 72 ha	/a Bi	MARYLAND	USA-	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALLINGORE CITY O	ARU	NDELAD.
by the I filted with	1	INNAPOLIS	(IN THE IN SUCKE CILITY, GOVE STREET	N. 1705P.	128. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		STOP BUSINESS OR
filled in hauld be remust be	13a S	AL RESIDENCE, (IF NURSING HOW IS OF	13c. GOY OR TOW	134. INSIDE CITY LIMITS?	25 PREET POPESS	SOUTH A	AUEN RD.
amplete	0	VILLIAM	PERLIT	Z FRANCE	ES WIDDLE	STUS	PNER
on and c		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	NAR OR DATES) 275 /6	78648 JEANA	E. M	luell	EK #13
g physici canpaper remaval.		18 CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED IMMEDIATE	- 11 10 1 De 1 A	are coxing	ma of	pmo	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
attendin ove carb otion, or raumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF			
d by the ease rem al, cremo		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF			
Then pl	NOL	PART 2 OTHER SIGNIFICANT CO	alcemia.	DEATH BUT NOT RELATED TO THE TERM	/10		
ian. ian. ian. it permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
g physics gentificate rial-transi intal Hygi tem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM TB, PART 1 OR PA	RT 2)
attendin strengths of the burners of	MEDICAL	216 INJURY OCCURRED WHILE ONT WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOV	VN COUNT	TY STATE
Spiral or CTOR. A Ifor use of Healt		220.1 certify that (1) This haspite sow the deceased alive on abave (1) we) (aid (did not	of) attended the deceased fram	19 28 29, and that in (our) opinion of	death occurred an the de	ate and hour and frai	, that (D)(we) lost m the couses stated
y the hode and a second detached to be		276 SIGNATURE	o Mitato	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF /	DATE SIGNED
etained by TO FUNERA Should be di		224 PHYSICIAN'S NAME ITYPE OR	Elp/M/	270 ADDRESS 1616 F	oust a	2. Ann	1403 m
BP	230.	BURIAL, CREMATION, REMOVAL SPICIFY RAL	231 DATE -16-1979 5	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY JOWN	APOLYS	MAN
DHMH-16 20M (YRA 15, 4) 7/78	24 F	UNERAL DIRECTORY NAME DIFAMINTAL	/LOR · SONS /	ANN ASSCISMO	JUN 1 8 19	256. REGISTRAPS SK	SNATUR Pready



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



		DEI MILL	MENT OF HEALTH	AND MENTAL HYGIENE	A Bridge	
	- STATE REGISTRAR	MEDICAL	EXAMINER'S	ERTIFICATE OF DEATH	REG. NO.	4/3
	DECEASED NAME FIRST	MIDDLE			DATE KNOWN T MON	TH DAY YEAR 7
	TYPE OR PRINT)	AFI C.			OF ESTI-	
3 Si	EX LARGE	5. DATE OF BIRTH	6. AGE (IN YEARS IF UN	162	DATE MON	22 1979 TH DAY YEAR 2
	1.	MONTH DAY YEAR	LAST BIRTHDAY) MONTH	IS DAYS HOURS MIN PRO	NOUNCED	
	Male white		6 YRS.		DEAD 4	23 1979
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8. MARRI	ED NEVER MARRIED 1	ALTIMORE CITY OR CO	UNITY OF DEATH
4	Maryland	U.S.			H. H. Co.	
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE		ER INSTITUTION 120. USUAL C	OCCUPATION (TYPE OF WO	ORK 17b. KIND OF BUSII OR INDUSTRY
49	Yen BURNIE	1/ 1/ /-	unde/ W.		ident	
	UAL RESIDENCE (IF IN NURSING HO	AE OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)			
13a.	. STATE 136. CO		Y OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET A	est Ave	Marley -
- 17	FATHER'S NAME	A. IULE	n Burnie	15 MOTHER'S MAIDEN NAME	. SU AVE	mariey -
0.	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
44	George	inues records Timese	Neall	Miriam 17. INFORMANT	ADDRESS	Gebauer
160.		INE WAR OR DATES)	CIAL SECURITY NO.		ADDKE22	
	No			Miriam Neall	same as	13 e
		only ane couse per line far (a), (b	and (c).)			APPROXIMATE IN BETY EEN ONSET AF
	PART I DEATH WAS CAU	SED BY:	towning			Lucia
	7 9108	DUE TO, OR AS A CO	NSEQUENCE OF			
	Canditions, if any, wh	ich				
	gave rise to immedia	ate / (b)	NSEQUENCE OF			
	gave rise to immedi	ote (b) DUE TO, OR AS A CO	NSEQUENCE OF			
04	gave rise to immedicause (a) stating the <u>und</u> lying cause lost.	tote (b) DUE TO, OR AS A CO		OR CANDITION CIVEN IN SARY 1	,	
	gave rise to immedicause (a) stating the und lying cause lost. PART 2 OTHER SIGNIFICANT CONDITION	ote (b) DUE TO, OR AS A CO		OR CONDITION GIVEN IN PART 1 (a).		
	gave rise to immedicause (a) stating the und lying cause lost. PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASI			20 AUTORSY2
ATION	gave rise to immedicause (a) stating the und lying cause lost. PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT REL				20. AUTOPSY?
ATION	gave rise to immedicause (a) stating the und lying cause lost. PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASI	AS PERFORMED?	,	YES 🗆
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STATE OF MARYLAND

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					OF MARYLAND						
28	FOR STATE REGISTRAI	R	DEPA		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	3 4	1 4			
	DECEASED NA	ME FIRST	MIDDLE	LAS	31		ONTH DAY YEA	R 25. HOUR			
V	TYPE OR PRINT)	Ernest	E	Ne	well	June	e 17 19'	79 7:1			
3.	SEX		RACE	5. DATE OF	BIRTH YEAR	6. AGE IN YEARS LAST BIRTHD					
L	MALE		WHITE	3	24 1961	78	YRS.				
do d	BIRTHPLACE COUNTRY)		CITIZEN OF WHAT COUNT	RY? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	Н			
	ENNSYL CITY OR TOWN		L. S. A.	WIDOWED		A.A. CO.	1 100 1/10	ND OF BUSINESS			
	ANNAP		(IF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)		TYPE OF WORK FOR MOST OF V	ORKING LIFE) INDUS	TRY			
U	SUAL RESIDENC	CE IF NURSING HOME OF OT	THER INSTITUTION, GIVE RESIDENCE B	SEFORE ADMISSION)	NUAPOLIS	PIPE INSU	CATOR RE	1,			
25	Md.	136 COUNT	13L CITY OR T	P& C/5	YES X NO -	481 TRYCO	DAUE				
14	FATHER'S NAM	ΛE			S. MOTHER'S MAIDEN NA	ME	R HUE.				
12/	JAME		NEW F	= 44	CRRRIE	WIDDIE		LINT			
) 16		SED EVER IN U.S. ARME	(AR OR DATES)		17 INFORMANT	ADDRESS					
1	YES		219-16	-6784	HARRIETT A	JEWELL 3	#13				
	II. CAUSE	OF DEATH (Enter only DEATH WAS CAUSED	one couse per line for (a), (b				GET W	PROXIMATE INTERVAL FEEN ONSET AND DEAT			
	I I Ca	IMMEDIATE	neart.	failure							
	471	Conditions, if ony, which (th) Chronic obstructive lung disease									
-		s, if ony, which	(b)GIIFOII.	ic obstr	uctive rung o	ilsease					
), stating the cause lost.	DUE TO, OR AS A CONSE	OUENCE OF	chitis		THE RES				
	PART 2 OI	HER SIGNIFICANT CO	DINDITIONS CONTRIBUTING			INAL DISEASE OF CONDIT	ION GIVEN IN PAR	T 1(a)			
i	Deg	enerative a	arthritis, ce	rebral v	ascular insu	ficiency, ge	eneralized	d athero-			
2	Dege 19a. DATE O	F OPERATION	196. CONDITION FOR WH	IICH OPERATION	WAS PERFORMED		Ob. IF YES, WERE FIR				
2						YES NO	YES	NO 🗆			
9	OR CONSOUR	NT WAS UNDERLYING UTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	ED JENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PAR	T 2)			
	(IF EITHER, NO	OTIFY MEDICAL EXAMINER)	P.M.	19							
			21e. PLACE OF INJURY								
		NOT WHILE	AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	AT WORK	NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET						
	22a I certify	NOT WHILE AT WORK y that (1) (this hospital are deceased alive on	I AT HOME, STREET, FACTORY, OFI	om	STREET	, to	. 19	, that (I) (we) f			
	27a I certify sow the	y that (1) (this hospital e deceased alive on_ (1) (we) (did) (did not)	AT HOME, STREET, FACTORY, OF	om, ond	, 19that in (my) (our) opinion (, to	. 19	, that (I) (we) I the couses stated			
	22a I certify	y that (1) (this hospital e deceased alive on_ (1) (we) (did) (did not)	1) ottended the deceosed from the body ofter death.	om, ond	that in (my) (our) opinion of	, to death occurred on the date MEDICAL STAFF	ond hour and from	, that (I) (we) f			
	22a. certification of the control of the certification of the certific	y that (1) (this hospital e deceased alive on_ (1) (we) (did) (did not)	1) ottended the deceosed from the body after death.	om	that in (my) (our) opinion of	, to deoth occurred on the date	ond hour and from	, that (I) (we) I the couses stated			
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1	220. I certification of the control	NOT WHILE AT WORK THE HOLD WATER AT WORK THE HOLD WATER AT WORK TAN'S NAME TYPE ORP Charles W. MATION, REMOVAL	I) ottended the deceosed froview the body after death. (RINT) Kinzer, M.D. (23b. DATE	9 , ond P-A. 23c, NAME OF CE.	that in (my) (our) opinion of the control of the co	MEDICAL STAFF DIRECTOR PHYSICIA AVENUE AND A 123d. LOCATION CITY OR TOWN AND A PO 4/5	ond hour and from 27c. D polis ,Md	. that (I) (we) I the couses stated ATE SIGNED			
7 23	220. I certification of the control	NOT WHILE AT WORK THE HOLD TH	I) ottended the deceosed from the body after death. Wiew the body after death. Kinzer, M.D. 23b. DATE	pm, ond	that in (my) (our) opinion of that in (my) (our) opinion of the control of the co	, to	ond hour and from 27c. D polis ,Md	. that (I) (we) I the couses stated ATE SIGNED 21401			

light the first warms where of their BENEFIT OF A PERSON WILLIAM STATE OF THE PROPERTY OF THE PARTY OF THE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician

certificate has been signed by the attending physician

MPORTANT; If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified at ance

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYGI DEATH	ieng 9	REG. NO.	1 3	4	7	5 DST	
H		EASED NAME	FIRST	ALLES Y	MIDDLE	L	AST	7.74	2a. DATE OF D	EATH M	ONTH (DAY Y	'EAR	26 HOUR	Ρ.
			AMANDA		F.		DELL	F . 7	June					4:00	M,
	3. SEX	Female		Cauca	asian	5 DATE C	DAY	1899	6. AGE (IN YEAR	S LAST BIRTHO		IF UNDER	DAYS	HOURS MIN	_
-	7a. BIR	THPLACE (STATE O	OR FOREIGN 7		WHAT COUNTRY	8 MARRIEI	NEVER	MARRIED	9 BALTIMORE	CITY OR	COUNTY	OF DEA	TH		
9	We		ginia	USA		WIDOWE		NORCED [Anne A						ND.
1	G	YORTOWN OF D len Burn:	ie	Nort	HOSPITAL, NURSII CH FACILITY, GIVE STREET Ch Arunde	1 Hosp		TITUTION	120 USUAL OC (TYPE OF WORK FO HOL		YORKING LIF	E) INDL	ISTRY	Home	R
3	USUA 13a, S	L RESIDENCE (# N TATE Md.	13b COUNT		Give residence before 130. City or toy Glen Bi	READMISSION)	13d INSIDE (NO I	130. STREET AD	orss Olai	n Dr	ive			
E	14. FA	John	MI	DDLE	Muliin	S		S MAIDEN NAM		MIDDLE	,	Â	dk	ins	
-		AS DECEASED EV		ED FORCES?	233-62	-4512	Mrs	Lorene	Groga	an, D		ter	,sa	une as	3
		18 CAUSE OF DE PART I. DEATH	ATH (Enter only I WAS CAUSED IMMEDIATE	BY:	line for (a), (b), a	Elec	troly	te cal	nen	مرماد	5	. BE	APPROXIA TWEEN O	MATE INTERVAL MSET AND DEATH	1
	7	Conditions, if o gove rise to couse (a), sto underlying cou	immediate ating the use last.	(b)	R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO	ENCE OF	NOT RELATED	O TO THE TERMI	INAL DISEASE C	OR CONDI	TION GIV	EN IN P	ART 1(0	ult.	>
	CERTIFICATION	19a DATE OF OPE	RATIÓN	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPS	√9. 10 □		WERE YING CA	FINDIN AUSES	GS USED OF DEATH?	3
		21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEATH			AY YEAR	21c. HOW IP	NJURY OCCURR	ED (ENTER NATUR	RE OF INJURY	IN ITEM 18, P	ART I OR P.	ART 2)		
	MEDICAL	21d INJURY OCCU	URRED T WHILE WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATI STREET	ON OC	3	ITY OR TOWN		COUN	ity	STATE	
		22a.1 certify that saw the dece	(I) (this hospital	1		79. or	d that in (m)	19 ur) opinion d	, to	on the date	e and hou	r ond fro	9	hat (h. (we) la auses stated	st
		221. SIGNATURE	~		town /		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	W 🗆	220.	DATE S	179	
		22d. PHYSICIAN'S				-1-76		ss 5400 0					1		
1		Michael							1stown,		land	, 21	133		
	23a. 8	URIAL, CREMATIO PECEE Burial	N, REMOVAL	23b. DATE 15Jur				CREMATORY Cemete	23d. LOCATION OF TO CITY OF TO	NWC	burg	COUNTY	st	Va.	
		NEDAL DIRECTOR						250 DATE	DEC'D BY DEC	ISTDAD 25	A DEARCT	DAD'C CI	CALATI	IDE	

BP DHMH-16 50M 7/77 (VR A 15 (4))

James S. Kirkley, Glen Burnie, Md.

(M)

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JUN ' 79

FUNERAL HOME, GLEN BURNIE, MD

OLIVET

CEM.

EDWARD

.] - STATE

(TYPE OR PRINT)

(SPECIFY)

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

BURTAT

REGISTRAR

CHARLES

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

O'HARA

REG. NO

21,

MONTH

1979

IF UNDER 1 YEAR

INDUSTRY

& 0

Furnace

B

YES [

CITY OR TOWN

FREDERICK 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

COUNTY

22 DATE SIGNED

DAYS

12b. KIND OF BUSINESS OR

MAIN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

STATE

MD.

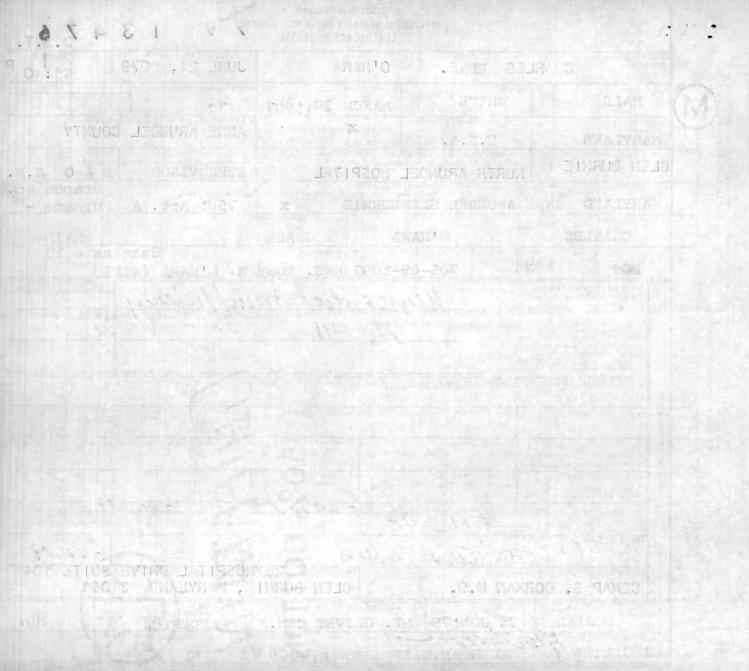
Branch Rd.

IF UNDER 24 HRS.

R.R.

20. DATE OF DEATH

JUNE



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

notified at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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7	1	3	-4		1
	REG NO	-	F	2	4

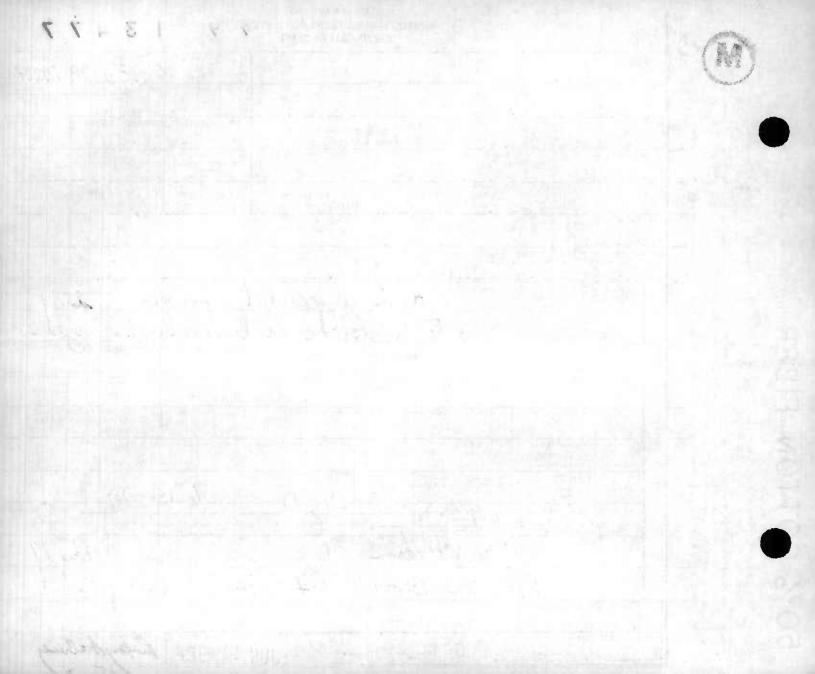
5	1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	9 4	
		CEASED NAME	FIRST	MIDE	DIE	1	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
73	(IIIFE	OR PRINT)	Helen	Ran	ringer	Olds			6-1	18-197	9 /100 Pm
	3 SE	X		ACE	ringer	5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YE	AR IF UNDER 24 HRS
		hemale		hite		COLOT		67		MONTHS DAT	S HOURS MIN
	7a. BI	RIHPLACE (STATE OR			IAT COUNTRY?	Sept	. 22,1891	9 BALTIMORE	CITY OR COUN		
15		OUNTRY)					D NEVER MARRIED		<u> </u>		
	10.0	Pittsburg			SPITAL NUIDSIN	WIDOWE	DR OTHER INSTITUTION	Anne A	rundel	CO TION MINIT	MD. OF BUSINESS OR
00					ACILITY, GIVE STREET A		ON OTHER INSTITUTION		R MOST OF WORKING	LIFE) INDUST	
24		Annapolis			chie Rd			house	wife		
20	13a S	AL RESIDENCE (IF NU STATE	13b COUNTY		CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADI	DRESS		
20		Md.	A.A.	Co.	Annapo.	lis	YES NO	1 Rito	hie Rd		No.
	14 FA	ATHER'S NAME	MIDD	F	LAST		15. MOTHER'S MAIDEN NA		AIDDLE	4	LAST
121	F	rederick			Barring	o h	Tulia		(IDD)(E	Donno	
1	16a V	VAS DECEASED EVE			SOCIAL SECU		17 INFORMANT		ADDRESS	DUTTIL	van
-1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR		2-74-79	20	E Huston	104.		12.	
		18 CAUSE OF DEA				7	L. Huston (itus	same as	APPR	OXIMATE INTERVAL
		PART I. DE ATH	WAS CAUSED BY		n C	No.	muss Chili.	I inta	nothi	SELWE	DOOR AND USAIN
		11.0	IMMEDIATE C	AUSE (o)	1		1 Gocacac	1	//	1	oney.
		410-		DUE TO, OR A	SAJONSEOUE	NCE OF	no the Car	11.000	allas 1	lent 1	Coal
		Conditions, if on gove rise to in		16) (1	reno	1500	more can	-accov ko	a soul	45	year u
		couse (a), stat	ing the	DUE TO, OR A	S A CONSEQUE	NCE OF					
		underlying cous	se lost	(c)	Mana						
	-	PART 2 OTHER SIC	INFICANT CON	DITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	R CONDITION C	SIVEN IN PART	110
	CERTIFICATION										
0	CA1	198 DATE OF OPER	ATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		ES, WERE FIN	DINGS USED ES OF DEATH?
7	TIF							YES N	0	YES [NO [
a	E.	210 ACCIDENT WAS U		216. TIME OF I	NJURY MONTH DA	. VEAD	21c. HOW INJURY OCCUP	RED (ENTERNATUR	E OF INJURY IN ITEM 1	B, PART 1 OR PART 2	1)
1	AL	OR CONTRIBUTING (IF EITHER, NOTIFY MED		P.M.	MONTH DA	19					
	MEDICAL	21d INJURY OCCU		21e PLACE OF			211. LOCATION				
	¥	WHILE NOT Y	WHILE [(AT HOME, STREET,	, FACTORY, OFFICE, FA	RM, ETC.)	STREET	cy	TY OR TOWN	COUNTY	STATE
		AT WORK	7	- at a sile of all all a	1.6		124-1)		10-	7-1	. 65
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		22b. SIGNATURE		Tale	Gand.		DEGREE	MEDICAL	STAFF	100	1 79
				mu	orvar	Will.	PHYSICIAN	DIRECTOR		12	me /
		22d PHYSICIAN'S N	AME (TYPE OR PRIN	(1)	- 7.	1.1	22e ADDRESS	1. C	+ 1.	1	40
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		BURIAL, CREMATION	, REMOVAL 2	3b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATIO	NC	COUNTY.	STATE
	(Crematio	lo.	6/19/7	Q Cod	100 11	ill Crematary		land Md	COUNTY	STATE
	_	CLEIIIIAA	11.	4/17//	7 160	W. TI	ut crematory	Sull	LUNU MO	Carried States	-

BP.

DHMH - 16 50M 1/76 Hardesty Funeral Home (VR A 15 (4))

12 Ridgely Ave.

1979



N					E OF MARYLAND		
10	1-	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG ICATE OF DEATH	1 7	34/8
	I. DE	CEASED NAME FIRST	MIDDLE	-	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR D
be be	(TYPE	ALBERT	EDWARD	PA	YNE	June 27,	1979 9:00 M
4 moy	3 SE	MALE	4 RACE WHITE		7/21/1893 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Page di	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY OR COUN	
oth.	C	NGLAND	ENGLAND	MARRIE	D NEVER MARRIED DIVORCED	Anne Aruno	
ofter the f ed wit		TY OR TOWN OF DEATH RNOLD	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 884 PINE T	ET ADDRESS)	DR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING INSPECTOR	126. KIND OF BUSINESS OR INDUSTRY TOOL INDUSTR
hou din	13a S	ARYLAND 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY A. CO. 130 CITY OR TO ARNOL	WN	13d INSIDE CITY LIMITS? YES NO 🛣		AIL 21012
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5 9-		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	WILLIE
o C 0 E	()	YES, NO OR UNKNOWN) (IF YES, GIVI	057.01	.2146	JEANE P.	RYAN SAME	AS 13E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificate ben signed by the attending physicio. Then please remove carbon popers or burial, cremoiton, or removal. rinjury, or other traumotic event, the	NOI	PART I. DEATH WAS CAUSE IMMEDIA Government of the couse last storing the underlying cause last. PART 2. OTHER SIGNIFICANT (UENCE OF	Nuctual (Full)	NINAL DISEASE OR CONDITION C	GIVEN IN PART I(a)
low s beremit e prid	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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R ATTENI hospitol RECTOR: red for us ppt. of He		saw the deceased alive on		7 4	A STATE OF THE STA	death occurred an the date ond h	our and from the causes stated
- 0 % D % O		22b. SIGNATURE TITLE	for Dul	ps	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/27/79
HOSE ined FUNI wild b		22d. PHYSICIAN'S NAME (TYPE O	Peeler, M.D.		Arundel Ge	n'l. Hosp., A	Annapolis, Md.
0 € 0 € ₹ ₹	(BURIAL, CREMATION, REMOVAL SPECIFY) CREMATION			MOUNT	23d. LOCATION CITYORTOWN BALTIMORE	COUNTY STATE MD .
DHMH - 16 50M 7/77	24. FI	JNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 256. REG	
(VR A 15 (4))	W	ALTER BROOKS	BRADLEY INC.	BAL'	ro., MD. JUI	V 2 9 1979 Pin	tru beall

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(TYPE OR PRINT) William Thomas PEAKE 3. SEX 1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	12b. KIND OF BUSINESS O
TAM Thomas	FED TO BUSINESS OF
Male Caucasian Jan. 23. 1926 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C. USA Widowed D DNORCED 10. CITY OR TOWN OF DEATH Annapolis Anna Arundel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland Anna Arundel Repairman - C USA WIDOWED D DNORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FENOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anna Arundel CUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 131. COUNTY Maryland Anna Arundel Repairman - C 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MILTMORE CITY OR COUNTY Anna Arundel 130. CITY OR TOWN 134. CITY OR TOWN 134. CITY OR TOWN 151. MOTHER'S MAIDEN NAME FIRST MIDDLE MILTMORE CITY OR COUNTY Anna Arundel 152. USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKHOLDEN) 179. STREET ADDRESS 846 Shore Drive 151. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST MIDDLE MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE MIDDLE MIDDLE FIRST MIDDLE MIDLE	Y OF DEATH A T IZB. KIND OF BUSINESS O INDUSTRY
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It FATHER'S NAME Milard F. Peake Nildred. Mildred.	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT 167. Shore 167.	* 10
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT 840 Shore (YES, NO.CHINKNOWN) 16 YES, GIVE WAR OR DATES) 577-38-5817 Catherine T. Peake, Edgewate: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate	Koontz
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which	BETWEEN ONSET AND DEAT
Conditions, if ony, which gove rise to immediate (b) Nexte my which	
gove rise to immediate	1 wech
couse (a), stating the DUFTO OR AS A CONSEQUENCE OF	
underlying couse lost	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	/EN IN PART 1(0)
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IN CERTIF	FYING CAUSES OF DEATH?
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OR CONTRIBUTION OF DEATH HOUR A.M. MONIM DAY TEAK	ART TORPARTZ)
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTION CO	COUNTY STATE
WHILE NOT WHILE AT WORK	07 .
220. I certify that (I) (this hospital) attended the deceased from 19, 19, to sow the deceased alive an 19, ond that in (my) (our) opinion death accurred on the date and how	19, that (I) (we) li
above, (1) (we) (did not) view the body after death. 22b. SIGNATURE DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL STAFF	4/5
PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	
121 Cathedral St., Annapoli	

Lakemont Cemetery

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
NAME
Beall Fune Home, 1212 West St., Anna., Md.

23b. DATE 06-07-79

230. BURIAL, CREMATION, REMOVAL Burial

Pavidsonville, A.A., Maryland 231. NAME OF CEMETERY OR CREMATORY

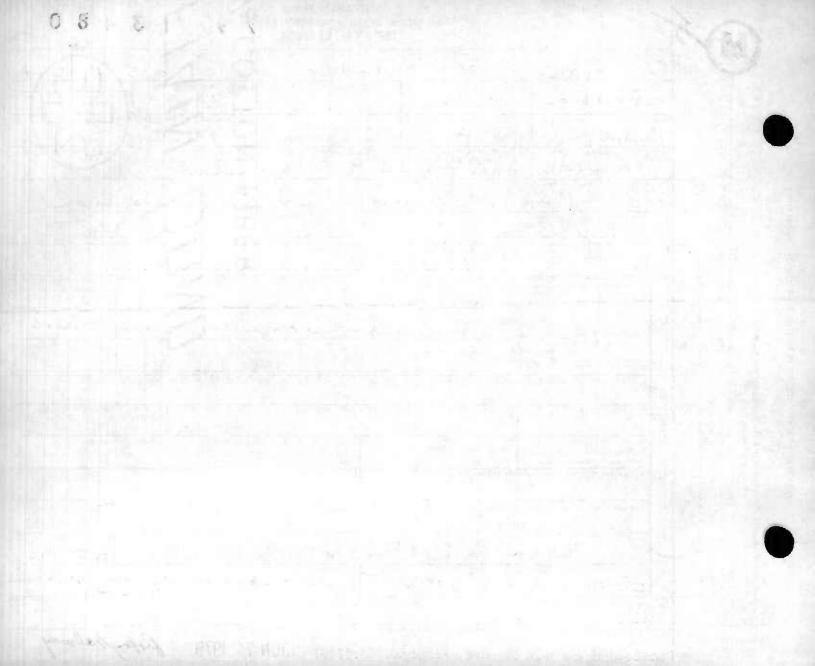
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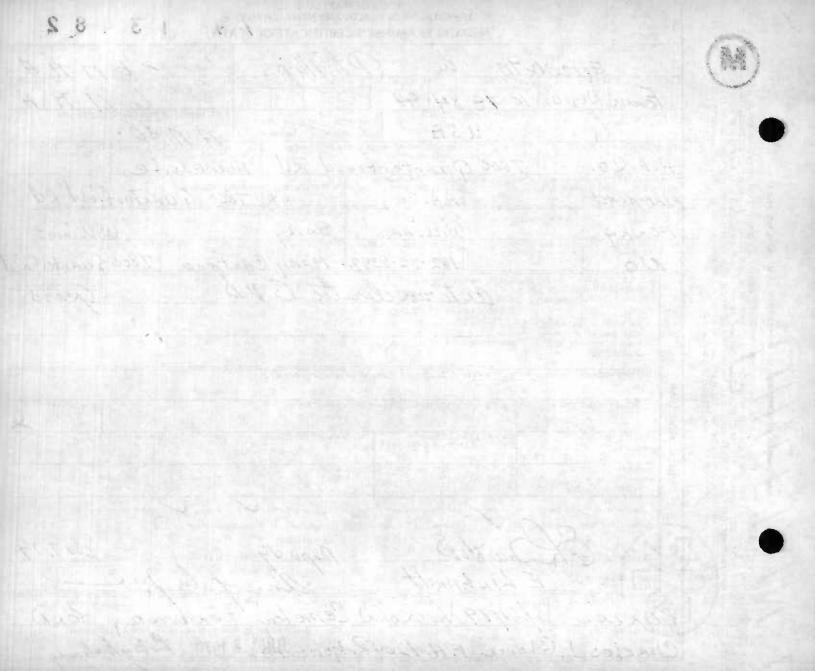
•	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATT	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 mis- etoined by the hospital or attending physician.
O FUNERAL DIRECT	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funtion flitted in the T2 hours along the detached for use as the busiol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed — then 72 hours after

3	1			DEDADT	STATI	EALTH AND MENTAL H	VCIENT (1)	1 7	4 8 0
	1 -	FOR STATE REGISTRAR		DEPARI		ICATE OF DEATH	REG. N	1 3	4 0 0
1	. DEC	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b HOUR
		prono		M	Ya	nder	100 m	05	79 10.40
3	SEX	Female	4 RACE	ute	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) MON	UNDER LYEAR IF UNDER 24 H
47		RTHPLACE (STATE OR FOREIGN DASH, DC	76. CITIZEN OF	WHAT COUNTRY	8	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF	DEATH
12		TORTOWNOFDEATH.	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Librarian	OF WORKING LIFE)	176 KIND OF BUSINESS INDUSTRY
2/	13a. S	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	131. CITY OR TOV	VN .	13d INSIDE CITY LIMITS		Jews	Lane
20		THER'S NAME ton Felix Sni	zgoski	LAST		Madelle	NAME	G	rant
1	6a W	AS DECEASED EVER IN U.S.		758 20 8		17 INFORMANT Jean M. Kem	on,Edgewater		37
ſ		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	MASI Ve	nd (c).)	12.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		4029	ATE CAUSE (0) DUE TO, C	DR AS A CONSEOL	ENCE OF	Condi	solutor De		37453
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEOL	JENCE OF	F (D=-D=0)			
	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	idition given	IN PART 1(o
	IFICATION	PART 2 OTHER SIGNIFICAN			Tiggs	NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?
2	AL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 CONE	DITION FOR WHICH OF INJURY N.M. MONTH D	OPERATIO	N WAS PERFORMED		20b. IF YES, W IN CERTIFYIN YES [VERÉ FINDINGS USED NG CAUSES OF DEATH?
29	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	21b TIME (HOUR A	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18, PART	VERÉ FINDINGS USED NG CAUSES OF DEATH?
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()	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	17482
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	EG. NO.
Can		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOW	WN MONTH DAY YEAR 75 HOUR
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Z II W . >	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION	N (TYPE OF WORK 12b. KIND OF BUSINESS
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J 6 7 0 8	USU/	IL RESIDENCE (IF IN NURSING HOME OR O	HER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)	
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", BALTIMORE, MD DURS AFTER DEATH BURS AFTER DEATH WITH FORM PM T. PAGES 1 AND 3 DIVISION OF VIT		06	182-22-8399A MARY CARTIERO	7800 Quarderfield
WIL PA		18. CAUSE OF DEATH (Enter only of	ne cause per line far (a), (b), and (c),)	APPROXIMATE INTERVAL
W. PRESTON ST., D WITHIN 24 HOLE ENCIL IN ITEM 18 AMINER ALONG I TRANSIT PERMIT. ENTAL HYGIENE, REMOVAL.		PART I DEATH WAS CAUSED B		BETWEN ONSET AND DEATH
TON ST. 1 24 HC 1 ITEM 1 1 ITEM 2 1 PERMIT		11 2 9 9 IMMEDIATE	AUSE (a) OR AS A CONSEQUENCE OF	gens:
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15, 301 W. PRE XECUTED WITH G". IN PENCIL CAL EXAMINER BURIAL-TRANS AND MENTAL I		lying cause last.	(c)	
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ATE WCE	U	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2]
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FOR: FOR: PEST		22a. I certify that I taak charge o	the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinian
XAMINE ERTIFICA ID BE FO IRECTOR WITH THE RYLAND,		death resulted fram	ses . Accident . Suicide . Hamicide . Undetermined manner	
KAN ERTII IREC WITH		51/	TITLE (SPECIFY)	
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CAL EXA THE CER SHOULD RAL DIR RE, MARY	1	SIGNATURE	M.D. Lagra MEDICAL EXAMINER	SIGNED
NA OP		EXAMINER'S NAME	1. I west	2.0
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 5		(TYPE OR PRINT)	. HINHARUI ADDRESS SLANDEN	nu
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16	. 5			FOR		252.422		OF MARYLAND	IPAIP.			
41			1-	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	1 7	. NO.	4 8	D.S.T
	10 g			CEASED NAME FIRST	MIC	DDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b. HQUR
	eo dh		(TYPE	BARBAR	RA .	J.	P	OCTA	JU	NE 8,	1979	4:00 A
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	rol dir	02 C	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	□ NEVER MARRIED	9 BALTIMORE CIT			TY
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BAL	hysicie paper ovol.	of, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per li D BY:	ne farrol, (b), on	d (C) 1	ho	fa P	- 0	BETWEEN	ONSET AND DEATH
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05, 20	signed hen ple ta buri	ory, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT	OT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART I	of the
RECORD	een ior	à T	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDS	NGS USED
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VITA		88	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF	INJURY MONTH D	AV YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18, F	PART 1 OR PART 2)	
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DIVISION OF VIT	tendii tendii the bu	o pa	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OI (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
No.	After After of the	mork		220.1 certify that (I) (this hospi	tal) attended the	deceased from		107	to Alma	10 8	19.75	that (I) (we) lost
	hospital or RECTOR: Aft sed for use a pt. of Health	ZI is		sow the deceased alive an above, (I) (we) (did) (did no	/ .		79,00	d that in (my) (our) opinion	death occurred on th	e date and hou	er and from the	couses stated
	X T Z P D	E a		22b. SIGNATURE	1) view the body di	O A		DEGREE	/	MIX-LIE	22c. DATE	SIGNED
	by the ERAL DI e detocl	±		Blema	rdino	U.W.	m			TAFF SICIAN [6/	8/19
(etained b TO FUNE should be with the St	IMPORTAN		BERNARDI NO		NSO, M.	D.	GLEN	BURNIE,	MARY	LAND	TE 102
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	FOR	DEPARTA	STATE OF MAKTLAND MENT OF HEALTH AND MENTAL HY	GIENE/ O	13484
	- STATE REGISTRAD	VA	CERTIFICATE OF DEATH	REG. N	
	ECEASED NAME EAST	WIDDLE	POUEU	2s. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
3. SI	× F	1 RACE 1UH: +c	S DATE OF BIRTH	6. AGE JIN YEARS LASTIBIE	RTHDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS
7a. f	IRTHPLACE ISTATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY	YRS. OR COUNTY OF DEATH
5/1	Pa,	USH	MARRIED NEVER MARRIED WIDOWED DIVORCED	HUNE H	EUNDEL
到 2 十	UNAPOLIS	H.H. CLEW T	0501.	12a USUAL OCCUPAT (THPF OF WORK FOR MOST OF HOUSE W/	17th. KIND OF BUSINES OF WORKING LIFE) INDUSTRY
Ĕ Ó	AL RESIDENCE (IF NURSING JOME OF	ROMER INSTITUTION/GIVE RESIDENCE BEFORE	ADMISSION) 134. INSIDE CITY LIMITS? YES \ NO \	13. STREET ADORES	Of St. JoHn Ro
E	ATHER'S NAME	MIDDLE DALLA HA	15 MOTHER'S MAIDEN'N	IAME MIDDLE	RABRINIS
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 16W SOCIAL SECU	RITY NO. 17 INFORMANT	C Pares	ESS #13
event, the m	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), 1b), one	HOUSE A I	7. IDURY	APPROXIMATE INTERV
6 >	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Weta	static Hdenog	asanoma	6 mon
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
	underlying couse lost	(c)	THE OF		
× _	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
9 8	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU		URY IN ITEM 18, PART 1 OR PART 2)
d or Item	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
WED or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TO	OWN COUNTY STA
¥ S	AT WORK	ital) attended the deceased from_	DECEMBER 19 7	8 to 6/2	5 19 19 tho (11) w
	sow the deceased alive on above (1) we) (did) (did)	of 2-3 19 7	ond that in (my) Jour) opinio	n death accurred on the o	date and hour and from the couses star
	27h SIGNATURE	1,2/1	DEGREE	- MEDICAL STA	224. DATE SIGNED
	(MAI)) W to the	PHYSICIAN 220 ADDRESS	MEDICAL STA	CIAN 4/25/
	224 PHYSICIAN'S NAME (2000)		ITE ADDRESS	= = A A	4 1 2 2 2 2 4 4
TORIAN:	22d. PHYSICIAN'S NAME (TYPE OF	COLE III	121 CATH	EDRAL ST	ANNAPOUS
	27d. PHYSICIAN'S NAME (TYPE OF THE SER WE BURIAL CREMATION, REMOVAL)	, COLE III	121 CATH		ANNAPOUS
MPORTANT: IF	ENSER W	COLE III	AMO OF CEMETERY OR CREMATORY		ANNA POUS

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S. Kirkley, Glen Burnie, Md.

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER I YEAR

COUNTY

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL

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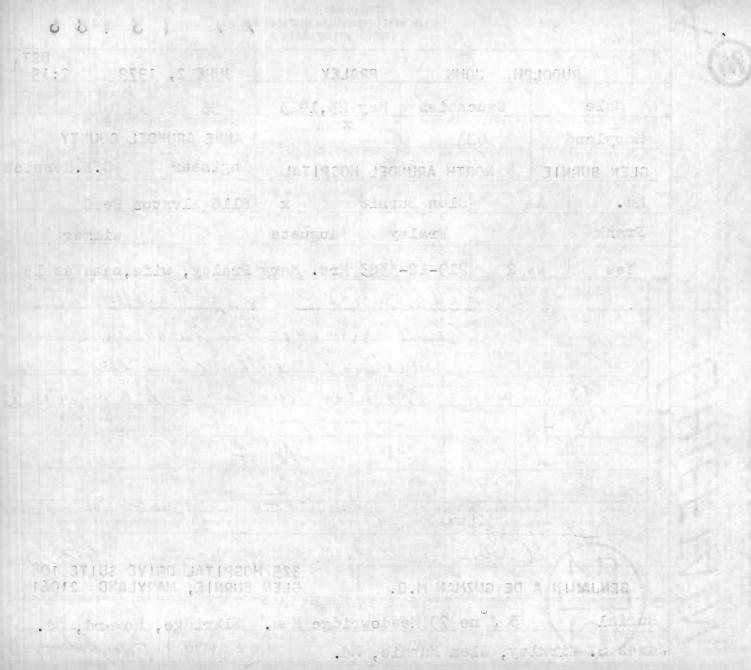
22c. DATE/SIGNED

21061

STATE

C.D. Messick

IF UNDER 24 HRS HOURS.



NAM Donaldson Funeral Home . Md

FOR

- STATE

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

APPROXIMATE INTERVAL PART 2/0] HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY STATE and that in (my) (earl) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIÉME

CERTIFICATE OF DEATH

2b. HOUR

IF UNDER 1 VEAR

DAYS

F UNDER 24 HRS

15-17-57 SURVE LEGINE 18 - 15-3-3-3-3-3-3-45 W 15 1 2000 1 3000 DEGLOUIS BOUT TO A TO THE BURNEY The section of the se Par PAP Carrier IV 1905 MPHIND KD HE GEVE CONTRACTOR OF THE CONT EST CHILD STEEL IN LONG CONTRACTOR TO THE Control of the state of the sta MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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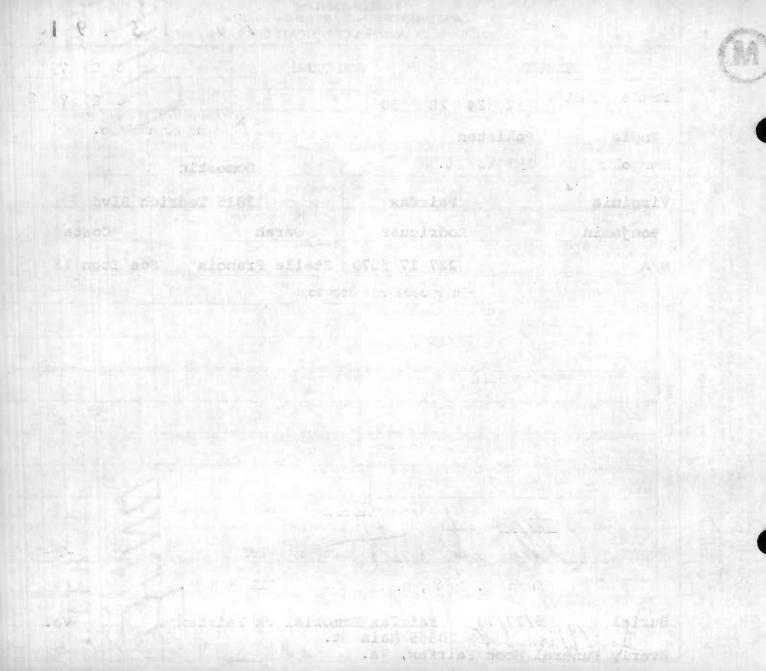
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			- 47	D	ST
- 13	I. DEC	CEASED NAME FIRST	MIDDLE	l	AST		HTMON	DAY Y	EAR	26. HOUR	R _
	TYPE	LYDIA	VIRGINIA	REI	INA		6 J	16 1	979	1:45	5 P
	3. SEX	(4 RACE	5 DATE C		6. AGE IN YEARS LAST BIRTH	IDAY)	IF UNDER		IF UNDER 2	
		Female	White	Feb.		63	YRS	MONTHS	DAYS	HOURS	MIN.
		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OF	COUNT	Y OF DEA	(TH		
35	M	aryland	U.S.	WIDOWE	D DIVORCED	ANNE ARU		Co.	,		MD.
-	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET			120 USUAL OCCUPATION		12b. K	CIND OF	BUSINE:	SSOR
14		en Burnie	NORTH ARUNDEL	HOSP	TAL	Housewif	е	II	23 TKT	9119	
35	USUA 130. S	TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	e admission) Na Na	13d. INSIDE CITY LIMITS?	7920 Eas	t En	nd D	riv	е	
	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE					
20		George	Herold		Annie	Trene	Hart t	tenbe	LAST CT		
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	SS	EIII	EI E	EI	_
	{Y	ES, NO OR UNKNOWN) (IF YES, GIVI	215-10	-1432	John Reina	, Jr., 79	20 E	E. E	nd .	Dr.	
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), or	id (c)		2		BE	APPROXIM	NATE INTERV	DEATH
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) Sever	He	MOXIC Buc	am Dary	200	(0/1	3/50	2
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¥	20	PART 2 OTHER SIGNIFICANT	> w	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONL	IIION GN	VEN IN PA	AKI IIO		
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7	CERTIFICAT					YES NO		IFYING CA	AUSES C	NO [
9	GE	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18,	PART 1 OR P/	ART 2)		
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	EDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOW	NI.	COUN	ITW.	STA	75
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-			ital) attended the deceased from.	6/1	19)9	, to	6	, 19	Ž_, tl	hot (I) (w	lost
		sow the deceased alive an above, (1) (we) (did) (did no	ot) view the body ofter death.	74,01	nd that in (my) (our) opinion de	eoth occurred on the da	te and hou	ur and fro	om the c	ouses sto	ted
	Lat'	22 SIGNATURE	00		DEGREE	/		22ε.	DATES	IGNED	
	+ -		(loca	_	PHYSICIAN	MEDICAL STAF		16	1/	1/-	9
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1		DAVID A. SCHWA	ARTZ, M.D.		425 Hospital	Drive #201					
		URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				STA	7.5
	(5	Burial	6/19/79 T.	ake 1	liew Mem. Pk	Liberty	Dam.	Car	rol	70 (71	. Md
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE FOR - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR DECEASED NAME 26. HOUR 29. DATE KNOWN HINOM (TYPE OR PRINT) OF ESTI-DELPHETN RODRIGUES DEATH MATED 6 2d. HOUR 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. TIE UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED Indian female 2p M 1979 DEAD 24 28 50RS 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Anne Arundel Co. India Pakistan WIDOWED | DIVORCED 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION St. OR INDUSTRY FOR MOST OF WORKING LIFE) 130 West Annapolis Domestic SHOULD BE F USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Fairfax YES W NO [] 3815 Tedrich Blvd Virginia VIAL P PAGES 1 AND 2 S. DIVISION OF VIT 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rodrigues Sarah Costa Benjamin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES. NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST 227 17 5870 N/A Stella Francis See Iten 13 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) EXAMINER ALONG WRIAL-TRANSIT PERMIT. F RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Intracerebral hematoma IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. OR AND SED AS A BUR HEALTH AND CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART 1 ... CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? MEAD PONLY BURIAL, E DEPARTMENT OF PRIOR TO BURIAL 71g EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK STATE DE 21201 PR PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 213 22a. I certify that I taok charge af the remains described above, held on Inquiry Inspection Homicide Undetermined monner death resulted from: LITLE (SPECIFY) Debuty ChiefMEDICAL EXAMINER 6-26-79 DATE SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNT Fairfax Memorial Pk Fairfax Buria! BP 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 10565 Main St. **DHMH - 17** (VR A15 ME (5)) Fairfax. Va. Home 15M 7/76



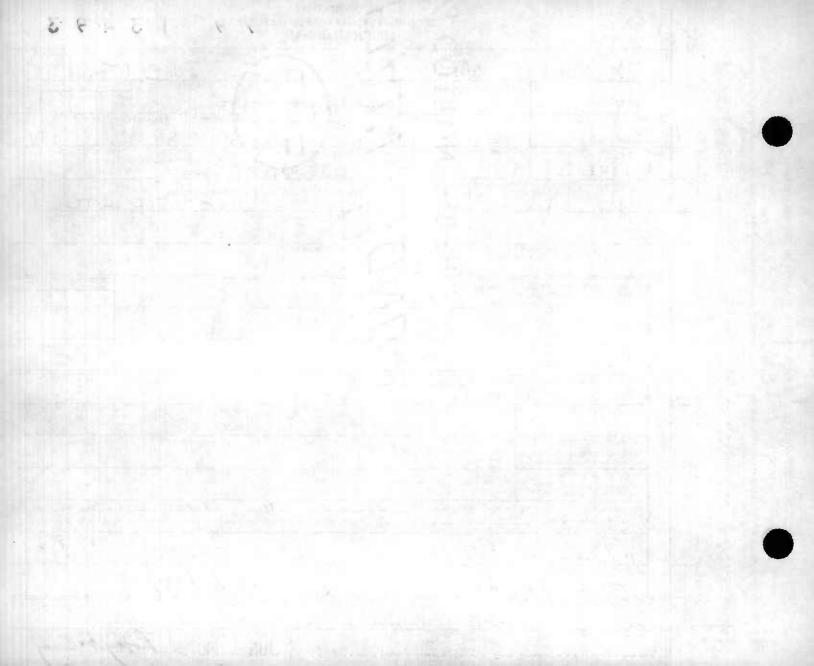
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HARDESTY FH, 12 Ridgely Ave; Annapolis, Md. 21401

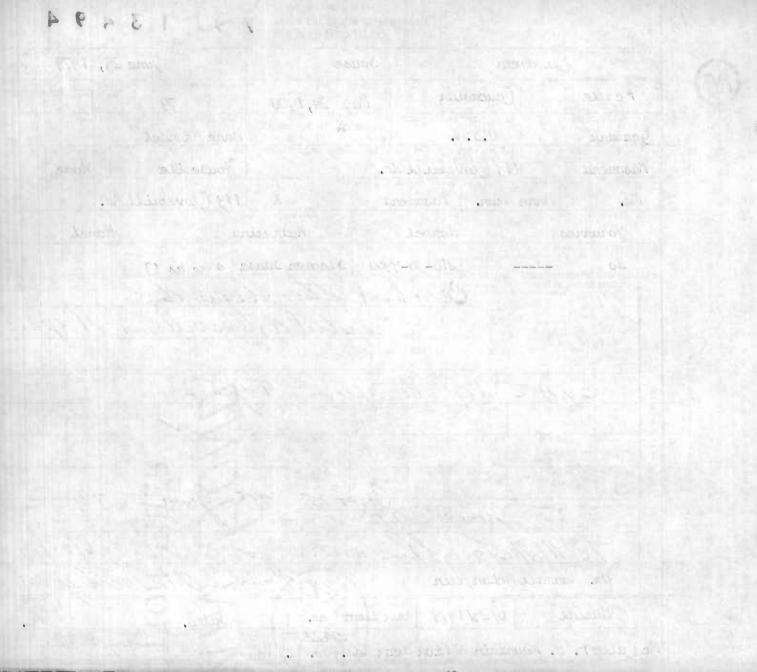
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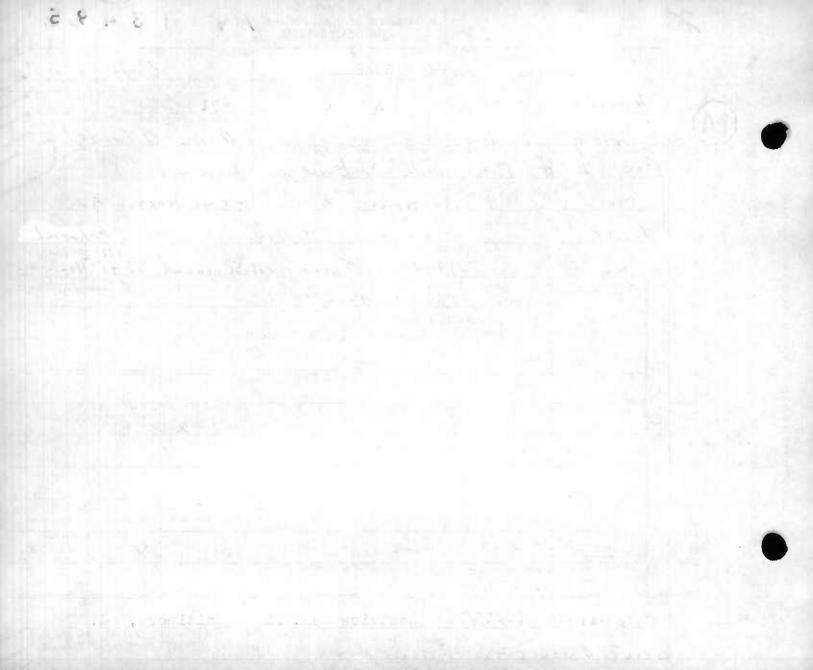
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) Elisabeta June 25. Jause 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) remale aucasian HOUR5 May 24, 1400 TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVERMARRIED [Anne Arundel enmanu WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Housevile Pasagena Loverrill Kd. Home 13d INSIDE CITY LIMITS? Anne Arun Pasadena Mala lovertill Rd. 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hamel Katrerina onannes Hampel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 216-16-4466 Itemen Jause same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one couse per la for to , tb , o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEPOSATE BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NOL YES 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. TH LOCATION 21d INJURY OCCURRED 71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) another deceased from .. sow the deceased alive on_ and that in (my) (aur) opinion death ensurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) you the body ofter death 226. SIGNATURE DEGREE * ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME (TYPE OF PRINT should b Randau McLaundun 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto. (SPECIFY) COUNTY Burial Var Lawn (em. 24 FUNERAL DIRECTOR REGISTRAR 756 TGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4)) (uny t. H. Mountain & lick Neck Rds. Pas. Md.



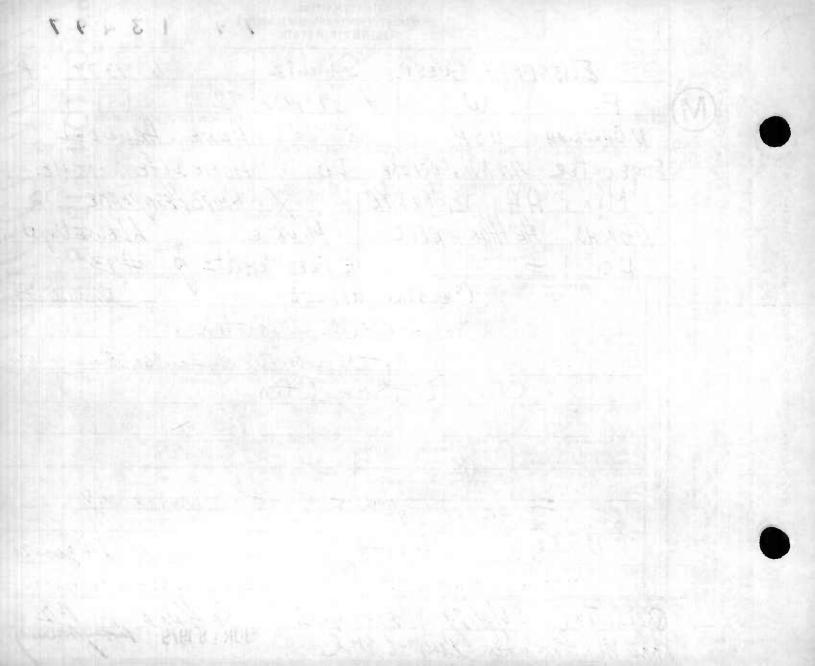
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FICATION	PART 2 OTHER SIGNIFICANT COM		IG TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ERTIFICATION	19a DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
CAL CERTIFICATION		19b CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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equires n signe Then p to bur injury,	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
8 + 0 >	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 706. IF YES, WERE FINDINGS USED
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IG PHYSIC offending fer this cer is the burio nond Ment	ME	WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE
4		ATWORK ATWORK
	V	22a. I certify that (1) (this hospital) attended the deceased from 120 2 5 1977, to 6/23, 1977, that (1) (we) lose sow the deceased alive an 6/22 1977, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
E 9 F 4 0 W		obove, (I) I we I (did) (did not) view he body after death. 27b. SIGNATURE / DEGREE U7c, DATE SIGNED
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TO HOSPITAL To FUNERAL should be deto with the State IMPORTANT: If		GEORGE 5. / M. M. 17 4300 Dec 21 11 1 1004. 194
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	y the horal DIRE detached to Dept Note Dept No		22b. SIGNATORE	am H Clyatt, ATTENDING MEDICAL STAFF 120. DATE SIGNED 14 June 79
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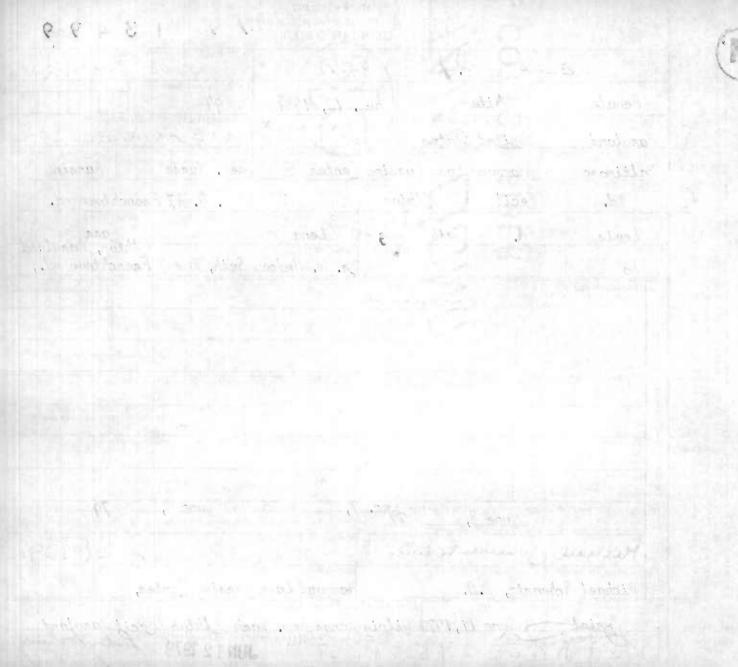
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH Bessie Seipp nmi. TYPE OR PRINT Bessie 23. 1979 June 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH HOURS Female White Dec. 13. 1888 IN BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore.Md. Anne Arundel County WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Brooklyn Pk Hammonds Lane Nursing Home Homemaker Own Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 106 Mission Street Marvland Pasadena 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST William . Emma Osmond Lang 605 Kent Ave., Pasadena 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Edward C. Seipp (Son) No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Hoteriosclustic Changey Mischer Dicon e DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse o', stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9n DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on above, (1) (we) (did) (did not) view the body after death ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b Michael Schwartz, MD. Hammonds Lane houl 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Glen Haven June Glen Burnie ALA Cem 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4))

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Singleton Funeral Home

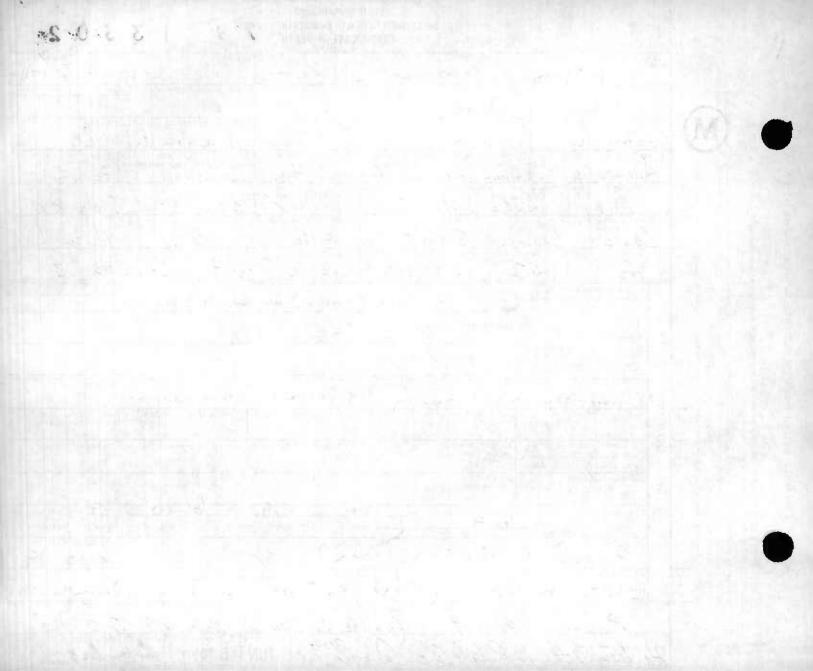
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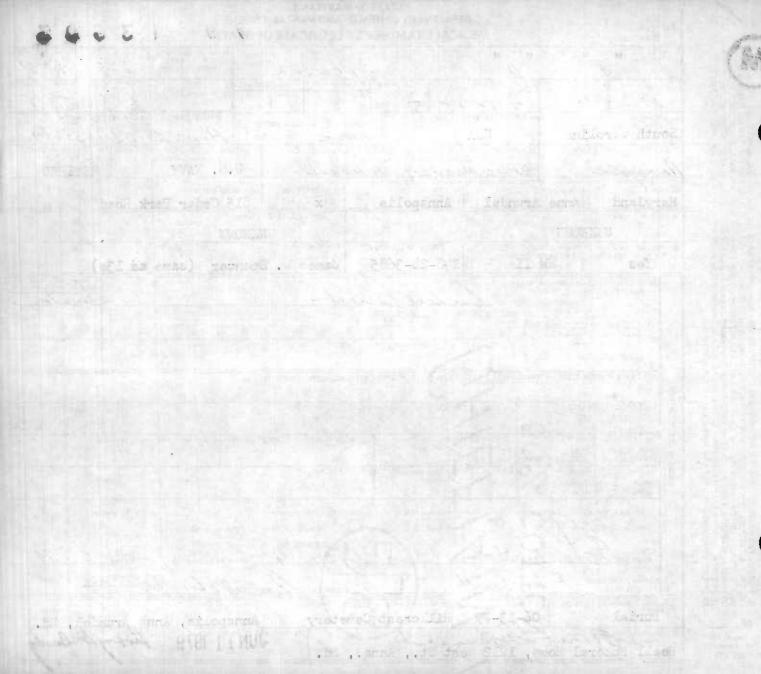
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BA 1		REGISTRAR		MIDDLE	LAST	REG. NO	O. YEAR 25 HOUR
Eas)		EASED NAME FIRST			SETH	JUN TUN	- S
de de	3. SEX		14 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	
ge 4 mector:	J. 3L/	Female	White			94	MONTHS DAYS HOURS MIN
Poor Hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	IED NEVERMARRIED	/	R COUNTY OF DEATH
15 255	4.4	aruland	United	States WIDOV		HNNE A	RUNDEL CO.
11 10		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME		120 USUAL OCCUPATI	
116	Be	rltimore	Hammond	Lane Nursing		Reg. Nurse	Narsing
335	USUA 13a S	TATE 130 CO	or other institution	13c. CITY OR JOYN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	Frenchtown Rd.
377	14 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME	LAST
o /		Lewis	MIDDLE	Seth	Lena		CI Carr
medical		AS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	Call DO #	ss Elkton, Manyland 7 Raenchtown Rd.,
me		No			Vir. W. Mare	w seer, NO TT	
t,		18 CAUSE OF DEATH Enter	only one cause pe	Line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
e ve			ATE CAUSE (0)	- reverence			
ofic		486-	DUE TO, C	OR AS A CONSEQUENCE OF			
troumotic		Canditions, if any, which	(b)_				
		gave rise to immediate cause (a), stating the	DUE TO C	OR AS A CONSEQUENCE OF			
other		underlying cause last	(c)				
lary, or	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TER	minal disease or con	DITION GIVEN IN PART 1(0)
any in	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH OPERAT	ION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED
Sos	FIC					YES NOW	IN CERTIFYING CAUSES OF DEATH? YES NO NO
2	E	21g. ACCIDENT WAS UNDERLYING		OF INJURY	21c. HOW INJURY OCCU		
Hea 18		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	A.M. MONTH DAY YEA			
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		P.M. 19 OF INJURY	21f LOCATION		
000	ME	WHILE I NOT WHILE I	(AT HOME, S	TREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY STATE
		AT WORK		he deceased from Dec.	7 10 7/5	- June	3. 19.76 that (I) (we) I
T SI		22a. I certify that (I) (this ha		70	and that in (my) (aur) aninia	n death accurred on the d	ate and haur and fram the causes stated
17 1		saw the deceased alive above, (I) (we) (did) (did	not) view the bod	y after death.			22c DATE SIGNED
He		22b. SIGNATURE	Louis	uto D.D.	DEGREE ATTENDING	MEDICAL STA	FF (0/0/1)9
IMPORTANT			5		PHYSICIAN	DIRECTOR PHYSIC	CIAN P (01) 7.
MPORTANT		22d. PHYSICIAN'S NAME (TYP			22e. ADDRESS		
	100	Michael Schu	artz, Mol	0.	Hammond Lane	. Nursing (e.	nter,
	23a 8	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	1	SPECIFY) Burial	June.	11 1979 Gilni	o Manan Mem. 9	Dank Elhton	Caril Manuland
/76	24.	INERAL SECTION	Les	ADDRESS T	- LUSAN (250. DA	ATE REC'D. BY REGISTRAF	256. REGIS WAR'S SIGN LURE
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236 DATE

James S. Kirkley, Glen Burnie, Md.

June

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

23(. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Pk

23d LOCATION Glen Burnie, AA, Md. 25a. DATE REC'D. BY REGISTRAR 25b. EGISTRAR'S

YES

COUNTY

22c. DATE SIGNED

YEAR

IF UNDER 1 YEAR

INDUSTRY

YRS

2h HOUR

12b. KIND OF BUSINESS OR

LAST

NO I

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL CREMATION REMOVAL

Burial

FOR

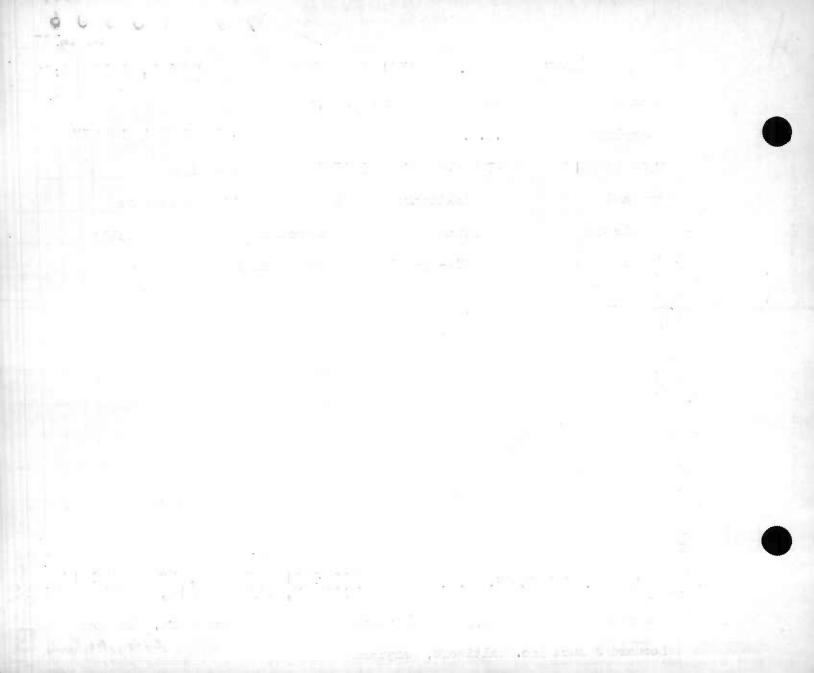
STATE



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		IRUA MEJO		

					STATE OF MARYLAND		
2.	(3)	1.	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY	GJENE 9 1 3	5 0 5
	(M)		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	(11)		DEASED NAME FIRST	MiDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	e de o	(1111	J65EP	HIVE M.	STEINER	6 3	1079 1230 AM
	moy	3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	ector rs of	-1	-	eauc.	May 5, 1901	79 YRS	MONTHS DAYS HOURS MIN
	Poor dir	Ta BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Geoth Con Trans		ryland	USA	WIDOWED DIVORCED	Anne Arundel,	MD.
	er d	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10	by the	Ba	ltimore /	Mt. Sinai Hospi		Housewife	i) I IIQUUSTRT
212	hour Lin be t	JUSUA 13a S	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
Q.	fille 24		ryland	Baltimor	YES X NO	2525 W. Belvede	re Avenue
YLA	tety 2 sh	14. FA	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA		
MAR	ad w		Unknown '	Norris	Unknown	WIDOLE	LAST
RE,	d co	16a. W	AS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	1289 Rossback	Road
BALTIMORE, MARYLAND 2120	Poges Poges	(Y	es, no or unknown) (if yes, give	214-05-0	372 Dorothy May	r, Gambrills, Mar	yland
ALT	siciol ol.		18. CAUSE OF DEATH (Enter on	ly one couse per line for a), (b), and	1,0	·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	physici npoper emovol.		PART I. DEATH WAS CAUSEI	E CAUSE (0) SEPS		ua, williar	
S N	ding orbo		585-	DUE TO, OR AS A CONSEQUE	NCE OF trant	e se Do o be de	
ESTO	deot ove c fron,		Conditions, if ony, which		pic Ronal 7	abeno	
g.	the c		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	0 0		
*	by by cr. oth		underlying couse lost	(c)	CIOD TIMO		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	gned n pleed burno ry, or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIV	EN IN PART 110
ORD5	en sie	CERTIFICATION					
ECC	s beer prio	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
ALE	The cion.	RTIF					S NO
>	SICIAN T ng physici certificate rind-fronsi entol Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
Ö	IYSICIA ding p is certif buriol-i Mentol	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
SION	this this dor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
IVI	The off the thought of the carke		AT WORK L.				
15.71	ortol or TOR: A TOR: A Sor use of Heal			ol) ottended the deceased from_			19, that (I) (we) last
11.59	ATTE ospitus CCTC d for t. of m 21		saw the deceased alive an above, (I) (we) (did) (did not) view the body ofter death.		death occurred on the date and hou	
	OR AT be hosp DIRECT behed f Dept. o		22b. SIGNATURE	011 11	DEGREE ATTENDING	_ MEDICAL _ STAFF	221. DATE SIGNED
	RAL det		Chustre	e knyautt	PHYSICIAN [DIRECTOR PHYSICIAN	
	OSP ed be d be	-	22d. PHYSICIAN'S NAME (TYPE OF	NYUN HAW N	SINAL	HOSPITAC	
	TO HOSPITAL (cetoined by the TO FUNERAL Established be detoined by the Store Element the Store Element To Fune						
171	7	23a. B	URIAL, CREMATION, REMOVAL SUPTIAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
+11	/ BP			07-03-79 St	. Marys Cemetery	Annapolis, Annapolis, Annapolis, Egist	
	DHMH - 16 60M 1/75 (VR A 15 (4))		NAME HUNGER HOME	1212 West St.	Anna Md.	JUL 3 1979	infray McCreedy
	(AKW 12 (4))	I De a	ill runera: nome	a. I/I/ MAST. OT.	. Anna	AAP O MAIA	

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Elson Non helu Cena	, H. 100		(CO-50-17)	



. 1 - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	1 3	5 U	
I. DECEASED NAME (TYPE OR PRINT)	Lend	ora 1	Durner		TEVENSON	Zo. DATE OF DEATH June	18,	1979	730 P M
3. SEX Female		4 RACE Whi	te	S. DATE C	DAY _ YEAR _	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OF Maryland		76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DE DIVORCED	Anne A			MD.
Hanover		1# NOT IN SU 890	Forrest	Lan	R OTHER INSTITUTION	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAKE	WORKING LIF		Home
USUAL RESIDENCE (IF NO. 130 STATE Maryland	13b COUNTY	1TY	1, GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hanove	N	13d INSIDE CITY LIMITS? YES NO.	13e. STREET ADDRESS 890 FO	rrest	Lane	
14 FATHER'S NAME FIRST ISSA		MIDDLE	Durner		15. MOTHER'S MAIDEN NAM			Wa	de
160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	(IF YES, GIVI	MED FORCES? WAR OR DATES) ONE	166 SOCIAL SECU 212.01.		Mr. Allen	S. Steven		son)	lenBurn Md.
18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly one couse pe D BY: E CAUSE (0)	Myor (a), (b), one	are	lial info	Tion		BETWEEN	mate interval onset and death ley election
Conditions, if or		DUE TO, C	RAS A COASEQUE	ERIC	OSLEROTIC	Hearta	liseas	e 15	yrs
gove rise to in couse (o), sto underlying cou	ting the	DUE TO, C	R AS A CONSEQUE	NCE OF	eneral a	rteriordi	eroh'	5 15	Yrs
		CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIV	EN IN PART 1(d	31
190 DATE OF OPER				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DE	100		YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 16, P	ART I OR PART 2)	
21d INJURY OCCU	RRED	21e. PLACE	OF INJURY		21f. LOCATION			1 100	

HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

NOT WHILE 22s.1 certify that (1) (th

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNALURE

224 PHYSICIAM'S NAME (TYPE OR PRINT) Joseph Taler

MD

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN June 19,79

23d LOCATION CITY OR TOWN

Aquahart Road, Glen Burnie, Md.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1 June 21,79

23c. NAME OF CEMETERY OR CREMATORY

Haven Cemetery Glen Burnie AA

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY STATE

22c. DATE SIGNED

Home, Glen JUN 2 Burnie, Md.

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Home.

Funeral

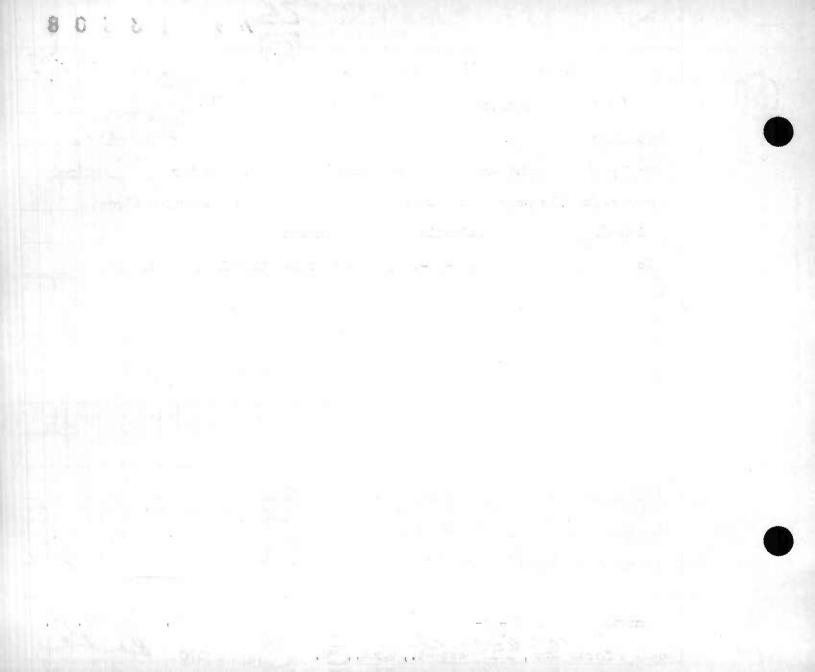
1212 West St ..

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR



may be

death. Page 4

tely filled in by the 2 should be filed

certificate has been signed by the attending physician

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, th should be detached for use as the burial-transit permit. Then please remove corbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7

Н	' '	REGISTRAR				CERTIF	ICATE OF DEATH	,	REG. NO.		9 9	
		CEASED NAME	FIRST	N	MDDLE		AST	2a. DATE O		YAD HTMC	Y YEAR	2h HOUR
	(IYPE	OR PRINT)	ETLEE	M V	ARGARET	5	STOUP	Ju	ne	29.	1979	M
	3 SEX	X		4 RACE		5. DATE O		6. AGE (INY	EARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
		Female		White	e	July		50	0	YRS.	NTHS DAYS	HOURS MIN
		RTHPLACE (STATE (OR FOREIGN		WHAT COUNTRY?	8	D X NEVER MARRIED		RE CITY OR		F DEATH	
		Maryland		U .:	S.A.	WIDOW			Anne A	runde	1	MD.
	10 CI	ITY OR TOWN OF	DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION		12b. KIND C	OF BUSINESS OR
f		len Burn			h Arundel		oital		Driver		Scho	ool
1		AL RESIDENCE (IF)	NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET				
9		laryland	Anne	a Arunde	l Crownsv	rille	YES NO		Old Her	ald H	arbor	Road
	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	ME	MIDDLE	100	LAS	57
ď		William			ockschmid		unkno	wm		- 1		
		VAS DECEASED EN		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRESS			
		No			218-26-0	1904	Mr. Frank L	. Stour	o 751 C)ld He		
		18 CAUSE OF DE	H WAS CAUSE	nly one couse per	line for 101, (b), and		.t.					MATE INTERVAL ONSET AND DEATH
	91	200	IMMEDIA"	TE CAUSE (0)	4	nan	ulion				we	eks
		200		DUE TO, OF	AS A CONSEQUE	NCE OF	1 1.	1-1			10	
		Conditions, if a		(p)	Chronic	my	elocytic	reak	emia	-	1 2 9	LENLS
1		couse (o), st underlying co	oting the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
				(c)	ANITRIBUTING TO	NEATH BUT	NOT RELATED TO THE TERM	AINIAI DICEAG		TION CIVE	LINI DADT N	
	NO	PART 2 OTHER S	noi		INTRIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	MINAL DISCAS	SE OR CONDI	HON GIVEN	IN PART TO	01
	CERTIFICATION	190 DATE OF OPE			TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
2,	TIFIC							YES 🗇	NOX	IN CERTIFYII YES		OF DEATH?
1	CER	21a. ACCIDENT WAS		21b. TIME O		VEAD	21c. HOW INJURY OCCUR	RED (ENTER N		IN ITEM 18, PART	T I OR PART 2	
		OR CONTRIBUTING		4177	M. MONTH DA	YEAR						
	MEDICAL	21d. INJURY OCC		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F		211 LOCATION		CITY OR TOWN		COUNTY	STATE
	2	AT WORK AT	T WHILE	(AT ROME, STR	CET, PACTORY, OFFICE, P	ARM, ETC.)	2711661		CITTOR TOWN		COUNTY	STATE
		220.1 certify that		-		-0	, 19. 78	. 10	Tune	29, 19	79	that (1) (we) last
		sow the dec	eased alive an	June the body		79	nd that in (my) tour opinion	death occurre	ed on the dote	ond hour o	and from the	couses stated
	100	22b. SIGNATUR	11 1	11/1		- 1	DEGREE	MEDICAL	STAFF		22c. DATE	SIGNED
		(1/10	them of	Varyna	u/	14	ATTENDING PHYSICIAN	MEDICAL	PHYSICIA	N 🗌	6/3	30/79
E		22d. PHYSICIAN'S		0	/		22e ADDRESS					•
				an, M.D.			Johns Hopl					
	23a. B	BURIAL, CREMATIC	ON, REMOVAL				EMETERY OR CREMATORY	23d LOC	ATION OR TOWN		OUNTY	STATE
	04.5	Burial		7-3-1	1979	Pa	rkwood		Baltimo			ryland
1		nard J.		0 E20E I	Harford R	d Dal	250 DA		979	b. PEGISTRA	R'S SIGNAT	URE
4	hao:	naru J.	nuck, II	10.2202	INT. TOLG U	TPC . TY	Lo, Ma.	~~ 1	3/3	17	100	Money

TO FUNERAL DIRECTOR: After this

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

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ECEASED NAME PREST	S. DATE OF BIRTH		SURVIL		OF ESTI- DEATH MATED		YEAR Zb HOU
X . M 4. RACE	S. DATE OF BIRTH		-3/1/21/1/				701 1
. m w		6. AGE (IN YEAR			C. DATE	MONTH DAY	19 79 A
	22	YEAR LAST BIRTHDAY	MONTHS DAYS		PRONOUNCED DE AD	68	1079 17
IRTHPLACE (STATE OR OREIGN COUNTRY)	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED NEV	ER MARRIED	BALTIMORE CITY O	R COUNTY OF DE	EATH
Baltimore, Mo	I. USA		WIDOWED 🔀	DIVORCED [ALVE B	RUNIUL	CO M
ITY OR TOWN OF DEATH			OR OTHER INSTITUT	ION 120 USU.	AL OCCUPATION (TYPE OST OF WORKING LIFE)	OF WORK 126 KIN	ID OF BUSINESS
lew BURNIE	Non 1/2.	Arondel.	Hospita	2. Ph	armacist	dia k	
AL RESIDENCE (IF IN NURSING HO	YTYUC	132 CITY OR TOWN Glen Buri	nie 13d. INSIDE CIT	NO 13. STRE	Pine Te	rrace	
ATHER'S NAME	MIDDLE	LAST			WIDDLE		AST .
			Doi	micele			N/A
WAS DECEASED EVER IN U.S. YES, NO. OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SECURITY	NO. 17. INFORM				7.7
res	WW Z	214-50-76	IIIs.	James 8	survii, so		
18 CAUSE OF DEATH (Ente	r only one couse per line	for (a), (b), and (c).)	/	~		DAW.	PROXIMATE INTERVAL FEN ONSET AND DEAT
		anders	Cerrent			Du	den
4273		AS A CONSEQUENCE O	F			1 1 1	
	der- DUE TO, OR	AS A CONSEQUENCE O	F				
tyring coose lost.	(c)		EULELWI				
	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART 1 (a).			
190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERA	TION WAS PERFORM	WED?			UTOPSY?
		- 4h-K					ES NO.
UNDERLYING OP			TIE HOW INJURY	OCCURRED (ENTERN	ATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)	
CONTRIBUTING CAUSE							
WHILE SOLOT WHILE	21e. PLACE (21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AT WORK AT WORK		Tree House					
The second second second second		cribed obove, held an	Autopsy ,	Inspection D,	Inquiry , one	d in my opinion	Day Did
						3384	
6/0	0.	, 5010					
ACTUAL GA	en bainton	8			CALEY AMINED	DATE SIGNED CA	879
SIGNATURE	1		M.D.	MEDI	LALEAAMINER	SIGNED	
EXAMINER'S NAME (TYPE OR PRINT)	E. LINhn	redt.	ADDRESS_4	Tump	chi hall		
				201	- /		
BURIAL, CREMATION, REMOVA		23c. NAME OF CEM	ETERY OR CREMATO	DRY 73d. LO	CATION	COLINITY	£7,475
Burial, CREMATION, REMOVA Burial	11 June	79 Holy R	edeemer	Cem. Ball	L'imore,	COUNTY	Md.
1	AL RESIDENCE (IF IN NURSING HIS TATE TO THE	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OR STATE TATHER'S NAME ATHER'S NAME TOPIN WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN) I CS 18. CAUSE OF DEATH (Enter only one couse per line PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (o) stoting the underlying cause last. PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO DEATH 19a DATE OF OPERATION 19b. CONDITIONS 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that I took charge of the remains des death resulted fram: Natural couses ACTUAL SIGNATURE EXAMINER'S NAME	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION STATE TIBL. COUNTY ATHER'S NAME TOPHY TOPHY TOPHY TOPHY TOPHY TOPHY TIBL. COUNTY TIBL.	AL RESIDENCE (# INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE ATHER'S NAME JERNING JERNING ATHER'S NAME JAMINER'S NAME JAMINER'S NAME	AL RESIDENCE (# IN NUMSISHED HOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS). AL RESIDENCE (# IN NUMSISHED HOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESSON) STATE ATHER'S NAME TIB. COUNTY ATHER'S NAME TOPIN MADDLE TAST TOPIN MADDLE TAST TOPIN TOPIN	AL RESIDENCE (# IN NURSNOH HOME ON CHEER HISTORION, GATE RESIDENCE (# IN NURSNOH HOME ON CHEER HISTORION, GATE RESIDENCE REFORE ADMISSION) STATE AL RESIDENCE (# IN NURSNOH HOME ON CHEER HISTORION, GATE RESIDENCE REFORE ADMISSION) STATE Tab. COUNTY ATHER'S NAME JAME ATHER'S NAME JOHN MADDIE LAST IS. MOTHER'S MAIDEN NAME JOHN MADDIE LAST IS. MOTHER'S MAIDEN NAME JOHN MADDIE LAST IS. MOTHER'S MAIDEN NAME JOHN MADDIE JOHN MADDIE LAST IS. MOTHER'S MAIDEN NAME JOHN MADDIE JOHN JOHN MADDIE JOHN JOHN JOHN JOHN MADDIE JOHN J	AL RESIDENCE (# NIMES NAME ON OTHER MINIONS, GOVERNMENT, GIVE STREET ADDRESS) AL RESIDENCE (# NIMES NAME ON OTHER MINIONS, GOVERNMENT, GIVE STREET ADDRESS) AL RESIDENCE (# NIMES NAME ON OTHER MINIONS, GOVERNMENT, GIVE ADDRESS) AL RESIDENCE (# NIMES NAME ON OTHER MINIONS, GOVERNMENT, GIVE ADDRESS) AL RESIDENCE (# NIMES NAME ON OTHER MINIONS, GOVERNMENT, GIVE ADDRESS) AL RESIDENCE (# NIMES NAME ON OTHER MINIONS, GOVERNMENT, GIVE ADDRESS) ATHER STANDAME AND THE STANDAME

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CA

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG, NO	3	-	
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	3 SEX			4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNOER 24 HRS
		MALE	100	WHIT	E	01	06 1897	82		MONTHS DAYS	HOURS MIN.
-		RTHPLACE ASTATE OR FO	DREIGN :	Th CITIZEN OF	WHAT COUN	TRY? 8		9. BALTIMORE CITY OF		OF DEATH	The same of the same
4		W YORK		U.S.	Α.	WIDOWE	NEVER MARRIED	ANNE ARU	NDEL		MD.
		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NU	IRSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATIO	N		F BUSINESS OR
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E	13a. S M A	RYLAND	136 COUN		CLEN	BURNIE	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	тгр С		
-		THER'S NAME	A	Δ.	GIRIN	DORNIE	15 MOTHER'S MAIDEN NA	336 GATEWA	TER C	OURI, A	AF1. 202
	13.17	FIRST		MIDDLE	LAST		FIRST	MIDDLE	4	LAS	
AC.	14 14	JAMES	P		SWEEN	SECURITY NO.	MARY 17 INFORMANT	E.	5 ~ 2	COT	
		(AS DECEASED EVER ES, NO OR UNKNOWN)		WAR OR DATES)						BURNIE	
		YES	WW	I	157-1	0-3404	MARY ANN DON	NELLY, 336 G	ATEWA		
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		TAKTI: DEATH W		E CAUSE (0)	www	nary	weete	63		100	ceh
		5990		DUE TO, OI	R AS A CONSI	EQUENCE OF					
		Conditions, if any,		((b)	W. Color						
	- "	gove rise to imm couse (o), stotin	ig the	DUE TO, OI	R AS A CONSI	EOUENCE OF				STANK.	
		underlying couse	lost.	(c)							
		PART 2. OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV	EN IN PART 10	0)
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1	CAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
7	CERTIFICATION			1 75 The				YES NO	7	S [NO 🗆
3	GE	21a. ACCIDENT WAS UN	-	21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, P.	ART 1 OR PART 2)	
1	AL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		P.		19					
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATION STREET	CITY OR TOW		COUNTY	61.476
	¥	AT WORK AT WO	HILE	(AT HOME, STR	REET, FACTORY, OF	FICE, FARM, ETC.)	SIKEEI	CRYORIOW		COUNTY	STATE
	3	22a.1 certify that (I)		ol) ottended the	e deceosed fr	om	19.72	to		19 79	that (I) (we) lost
Н		sol the deceose	ed olive on.	0	6-13		d that in (my) (our) opinion	deoth occurred on the do	te and hou	r and from the	couses stoted
П		oleve, (I) (we) (c	did) (did not) view the body	offer deoth.		DEGREE		2 - 37	22c. DATE	SIGNED
		Haur	ence	Sall	loon.	1 116	ATTENDING PHYSICIAN P	MEDICAL STAF		6-11	1.79
_		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT	9	1 /00	22e ADDRESS	J DIRECTOR TITISTE			
	18	TAUDENCE	D 04	TTAOTID			OT ACMED NO	EDICAL CENTE	ID.		
-	22- 0	LAURENCE		LLAGER	M.D.	27. NIAME OF C	ST. AGNES MI	EDICAL CENTE	K		
	(5	URIAL, CREMATION,	KEMOVAL	23b. DATE				CITY OR TOWN	DING	COUNTY	STATE
	20.5	BURIAL		06-13-	-/9	GATE OF	HEAVEN	SILVER SE	KING	MONT.	MD.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filled within 72 hours of the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

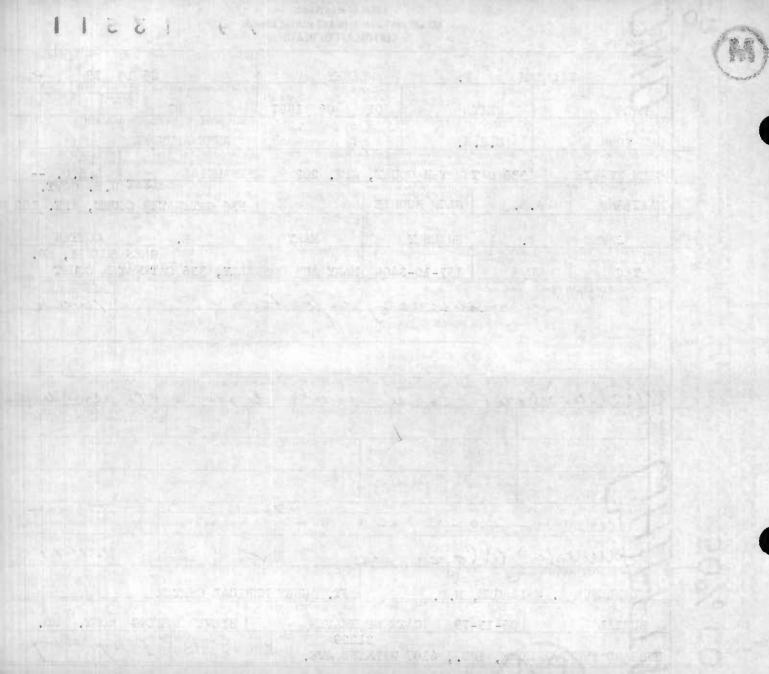
etoined by the hospital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be notified at once.

DHMH - 16 50M 7/77 (VR A 15 (4))

NAME HUBBARD FUNERAL HOME, INC.,

21229 ADDRESS 4107 WILKENS AVE.



FOR

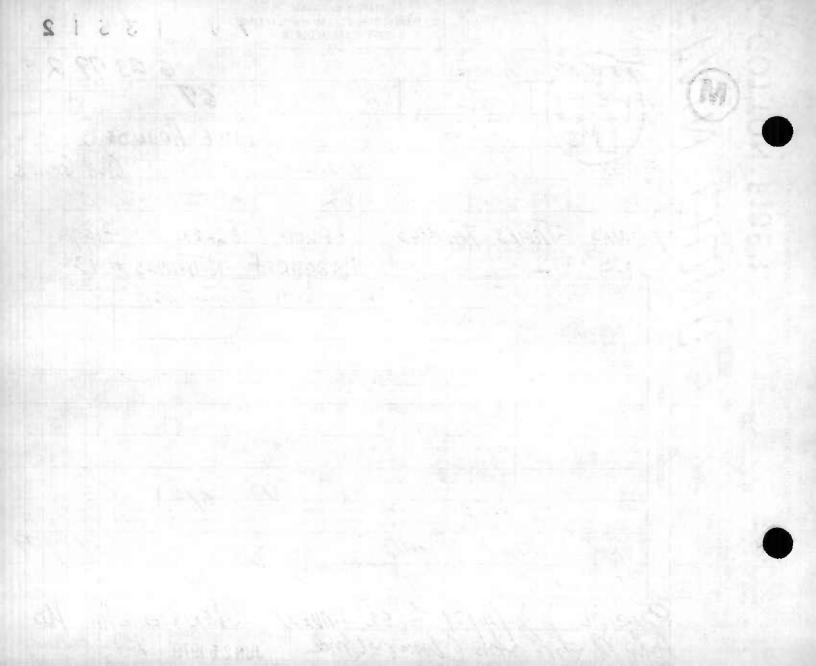
FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4)) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

SISTRAR'S SIGNATURE



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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 haw the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND

1	FOR	DEPARTM	MENT OF HEALTH AND N	MENTAL HYGIE	NEZ G	13	5	4
	REGISTRAR		CERTIFICATE OF D	EATH	REG. NO		7	
	CEASED NAME FIRST	WIDDLE	ŁAST		20 DATE OF DEATH		YEAR 2b. 1	HOUR
(TYPE	ORPRINT) alaren	/ce	TURNET	SLA		6 -28-	79	10 M
3. SE	4 R	ACE	5. DATE OF BIRTH	6	AGE IN YEARS LAST BIRTH			NDER 24 HRS
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.7d. BI	RTHPLACE (STATE OR FOREIGN 76 C	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M		BALTIMORE CITY OF	COUNTY OF D	EATHEL	
Col	2st Port, Md	U-SIR		ORCED	BALFI	Zone	0	MD.
A A	A, Co, Md	NAME OF HOSPITAL, NURSING			20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IN KIND OF BUS	SINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE		TY LIMITS?	3e. SIREET ADDRESS	71	4 1	
7	ARILANI PIA	1.(0	YES 🗌	NO X	500 (les	lev (lue
14 FA	THER'S NAME MIDDI	LE LAST	15. MOTHER'S	MAIDEN NAME	MIODLE	D.	LAST	
0	uhius	14KNER	CA	Theri	wa	FA	KK6	KU
160 V	VAS DECEASED EVER IN U.S. ARMED (15 YES, NO OR UNIXADMIN) (15 YES, GIVE WAR 216		17 INFORMAT	PAKY	TURNES	< 300	Che.	eter
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY	1: Pa	A A DA	an	rest		APPROXIMATE BETWEEN ONSET	AND DEATH
	IMMEDIATE C.	AUSE (a)	Tion	/			0	
9	Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	NCE OFLECT	foul	ing		Philo	red
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF U					
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMIN	IAL DISEASE OR COND	ITION GIVEN IN	PART I(o)	
o :							375 [2]	
CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH (OPERATION WAS PERFOR	RMED	200 AUTOPSY?	20h. IF YES, WEI IN CERTIFYING YES	CAUSES OF D	
E E	210. ACCIDENT WAS UNDERLYING	21h. TIME OF INJURY		JURY OCCURRE	D (ENTER NATURE OF NUR	Y IN ITEM TB, PART 1 C	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA'	19					
MEDICAL		21e. PLACE OF INJURY	211 LOCATIO	N				
W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) STREET	7	CITY OR TOW	100	YTMUC	STATE
	220.1 certify that (I) (this hospital)	attended the dereased from	9-18 11	. 19	_, to _6 - LT	19_		(1) (we) lost
	saw the deceosed alive on obove, (1) (we) (did) (did nat) אינ	ew the body after death		(our) opinion de	oth occurred on the do	te ond hour ond	from the couse	es stoted
	22b. SIGNATURE	ille !		TTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGN	79
	22d. PHYSICIAN'S NAME (TYPE OF	LLEN	22e. ADDRESS	5				

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The lo retained by the haspital or attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

23b. DATE 7-3 BURIAL, CREMATION, REMOVAL

Brewer H.L

23d LOCATION CITY OF THE PROPERTY OF THE PROPE

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-		REGISTRAR CEASED NAME FIRST OR PRINTS	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
(MA)		XXLAMBA		nder Tyson	6	12 79 114
CIM)	3. SEX	Male	4. RACE Cause.	Jan. 23, 1893	6 AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	IF UNDER 1 YEAR IF UNDER 24
Tonce.	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		Y OF DEATH
by the filed with	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION REFLADDRESSI Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Retired Railro	12b. KIND OF BUSINESS INDUSTRY oad Employee
filled in ould be myst be		AL RESIDENCE (IF NURSING HOME OF LOTTICAL NO CONTROL NO	ROTHER INSTITUTION GIVE RESIDENCE BET USIA ANNO ANNO ANNO ANNO ANNO ANNO ANNO ANN	FORE ADMISSION) 13d INSIDE CITY LIMITS? YES \[\text{VES} \ \text{NO} \]	13e STREET ADDRESS 5442 1	Marshfield Dr
mpletely ond 2 sh	14 FA	THER'S NAME FIRST William	MIDDLE LAST	13. MOTHER'S MAIDEN N	AME MIDOLE	LAST Dver
be execute		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	ECURITY NO. 17 INFORMANT 161	Mansion Drive, Ar Trimmer Sr. xxxxxx	mapolis. Md.
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ow require been sign rmit. Then prior to bu	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH
hoss ws		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			JRRED (ENTER NATURE OF INJURY IN ITEM 18.	
N. The roote h roote h Hygier Hygier 118 shov			AID	DAY YEAR		
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OR ATTENDING PHYSICIAN. The hospitol or ottending physicion DIRECTOR. After this certificate hooked for use as the buriol-transit p. Dept. of Health and Mental Hygier I frem 21 is marked or frem 18 should them.		(IF EITHER, NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (the hosp sow the decessed alive on above, (I) (well (did) (did)).	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFK 1101) ottended the deceosed from 12 19 51 view the body ofter death.	TO DEGREE ATTENDING PHYSICIAN	7 to 0/12 in death accurred on the date and ha	, 19, that (I) June
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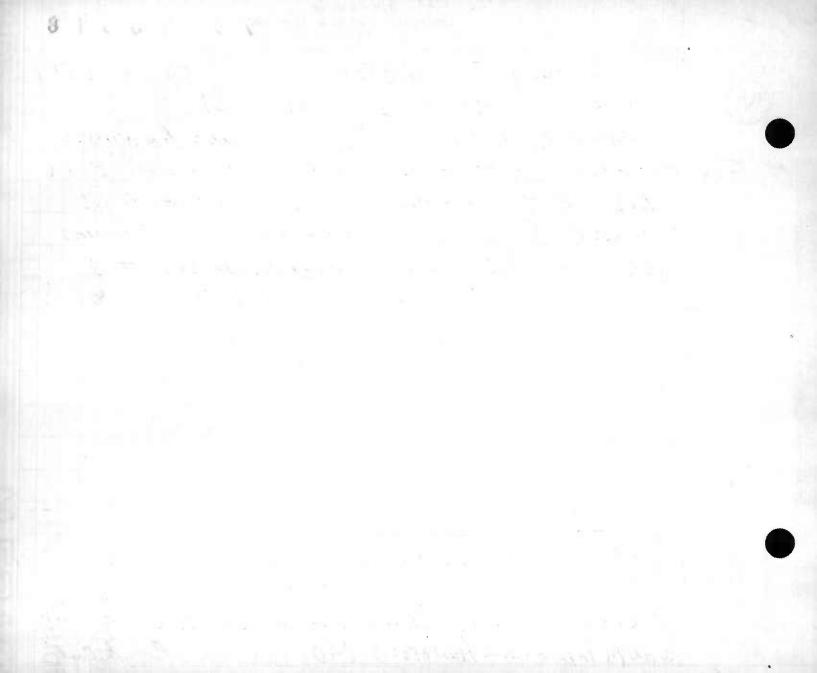
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No			1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		3 5	1	7 .S.T
XY	E DY			CEASED NAME FIRST		WIDDLE	L	AST	REG. NO	MONTH DAY	YEAR	2b HOUR
1	2 d		(TYPE	OR PRINT)	Y Bur	ton	WARE	TELD	JUNE 25.	1979		5:50 A
60	1		3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) # UNI	DER I YEAR	IF UNDER 24 HRS
9	(W)			Male	Whi	te	July		69	YRS		HOURS MIN.
6		9	70 BI	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF E	DEATH	
2	hin 7	35		TY OR TOWN OF DEATH		S.A.	WIDOWE	D DIVORCED DIVORCED	ANNE ARU	1 V Ray Name County	CINUO	MD.
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LRYL withi	oletely od 2 sh	E C	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WE		LAST	
, M	E o	e e		James	R.	Warfiel		Ella	E.	ec.		nsley
BALTIMORE	Pages	medical	160 V	VAS DECEASED EVER IN U.S. A PES, NO OR UNKNOWN) YES WW.	VE WAR OR DATES)	215/07	/2826	Mrs. Marq	aret H. Wa	Same a	(Wi	fe)
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AL RECORDS	hos per	nolus vous suous	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES [RE FINDING CAUSES C	GS USED OF DEATH? NO
OF VIT	phys tifica Il-tror tol Hy	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTIFY MEDICAL EXAMINE	001111		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART 2)	
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		- He		22b. SIGNATURE	27 0	· of	mi	ATTENDING PHYSICIAN	MEDICAL STAF	F	6-2	5-13
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5	5 7 % ×	≥	23a. I	BURIAL, CREMATION, REMOVA	L 23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUN	ITY	STATE
sw- 1	BP	-		Entombinent	June 2	28, 1979	Lou	don Park Ce				yland
	1-16 50M 7/7 (R A 15 (4))	7		ingleton Fur	il. neral H	ADDRESS IOMe, G1e	en Bu	11.11	REC'D. BY REGISTRAR N 2 6 1979		HELD	

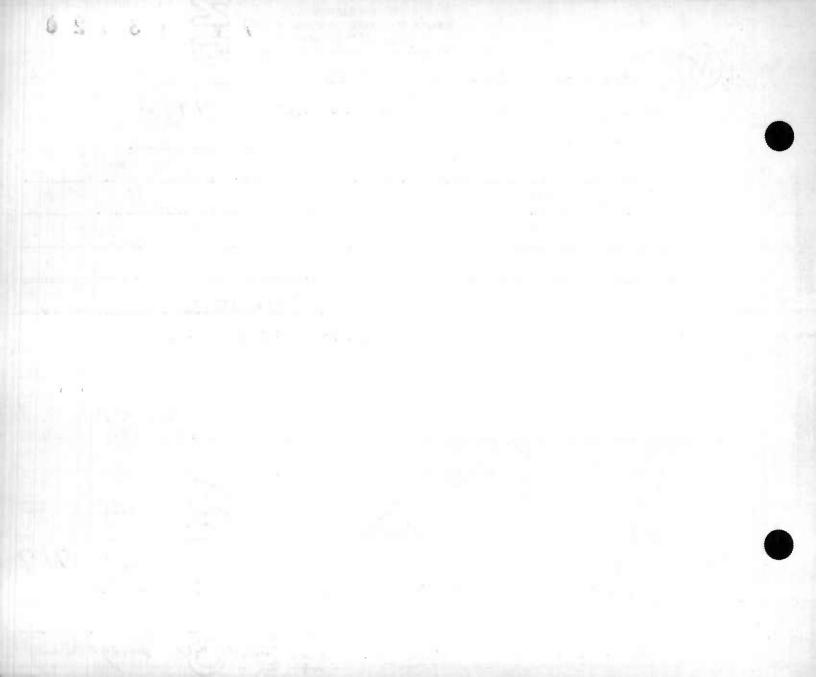
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			STATE OF MARYLAND		
1-	FOR STATE REGISTRAR	CE	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	13518
TYPE	BOSLE	EV O W	ATERS	2e DATE OF DEATH M	6 24 79 145
3. SEX	MALE	CITIZEN OF WHAT COUNTRY?	ATE OF BIRTH	6. AGE IN YEARS LAST BIRTHO	MONTHS DAYS HOURS I
- co	MARYLAND	U.S.A. WIE	ARRIED NEVER MARRIED DOWED DIVORCED DOWNED D	P BALTIMORE CITY OR HWW E 120. USUAL OCCUPATION	ARUNDEL
13 A	NNAPOLI3 IL RESIDENCE (IF NURSING HOME OR OT	NAME OF HOSPITAL, NURSING HO	17089.		WORKING LIFE) INDUSTON DANK
13a. S	THE'S NAME	J. BANAFOL	134. INSIDE CITY LIMITS? YES NO 2	13979 By W.	MTER RD.
5	OMERSET "	WATERS	LIFRYIA	MIDDLE	THOMAS
medical Company	AS DECEASED EVER IN U.S. ARME	AN OF OFFICE 2161647	PG DOROTHY !	K. WATER	s #13
or other traumatic event, the	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	41/1/1/2/2/1/2	Aul Esophi	egus +Se	psis 76 h
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE	more	/	
× .	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
E / 3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER, NOTIFY MEDICAL EXAMINER)	218. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	19	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
WEDIC	WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
21 15	22a.1 certify that (1) (this began to) sow the deceased alive on above, (1) (a) Total (did not) v	6-24-7 19 29	ond that in (my) (see) opinion	death occurred on the date	ond hour and from the causes state
±	22 SIGNATURE M.	Rich onla		MEDICAL STAFF DIRECTOR PHYSICIA	6-26
IMPORTANT	224 HYSICIAN'S NAME ITYPE OR PR	Richards	104 Fo	rbes St.	Reet, Ann
23a. B	URIAL, CREMATION, REMOVAL PRINTING	23b. DATE 6-26-79 DRU	OF CEMETERS OF CREMATOR	23d LOCATION EID OR TOWN A BALTO.	BACTO MI
377 11	NERAL DIRECTOR	ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

TIME TEADS room oan i day I live ACCURATE . . . EDUAT Marina I . totasous Manth prolifer Life SIERRIF Mile 3/772 YELES CALL SECTION OF THE S Agmagalas, bit. pay grant amoral sales and MARKET HEALT & SUGE HOSTIANS, T.A.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

mpletely filled in by the funeral director page and 2 shauld be filed within 72 four after deal

	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 3 5 2 2 CERTIFICATE OF DEATH REG. NO.						
()		CEASED NAME WOST		Ison W	icks	20. DATE OF DEATH	6/11/19	1 9 4 M	
IAI	1	UALE	White	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DA		
35		RTHPLACE ISTATE OR FOREIGN 76 OUNTRY) Maryland	USA	MARRIE		CONNE CITY	RCOUNTY OF DEATH	MD.	
53	نا	MACOLIS I	CANE A	GIVE STREET ADDRESS)	ROHER INSTITUTION	128. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		D OF BUSINESS OR RY	
35	USU 13e	AL RESIDENCE (IF NURSING HOME OR OT		OR TOWN	13d INSIDE CITY LIMITS?	STREET ADDRESS	ILE CEN	TER	
5520	14 F	ATHER'S NAME FIRST Willie		cks	IS MOTHER'S MAIDEN NA	ME MIDDIE	Suit	e e	
1		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W. NO	AR OR DATES) 579	-18-8193	Elizabeth	S.Hancock	Charlott	e Hall, M	
		PART I. DEATH WAS CAUSED IMMEDIATE	BY PAR	Wie OBS	TENOTIVE F	Chronocy	D/5 /	eyres	
		Doubling if any, which							
	NOI	PART 2 OTHER SIGNIFICANT CO	AIN S	YNDEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)	
9	RTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	ondition for which operation was performed			20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [
7	AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MO P.M.	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	2)	
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOV	YN COUNTY	STATE	
		220.1 certify that (1) (this haspital saw the decased alive on	oftended the decease	70	23, 1978 nd that in (my) (our) opinion	death occurred on the de	19 <u>79</u> ate and hour and from	_, that (I) (we) lost the couses stated	

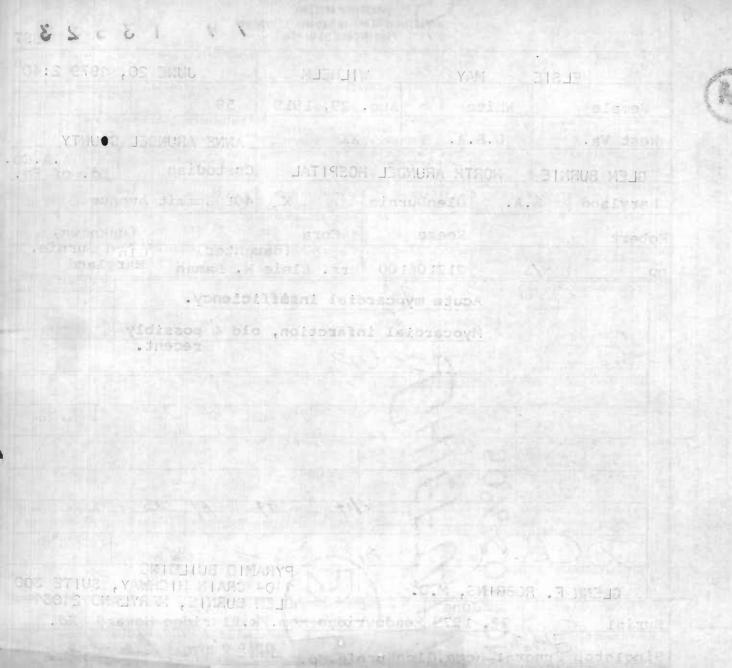
DEGREE

22c. DATE SIGNED

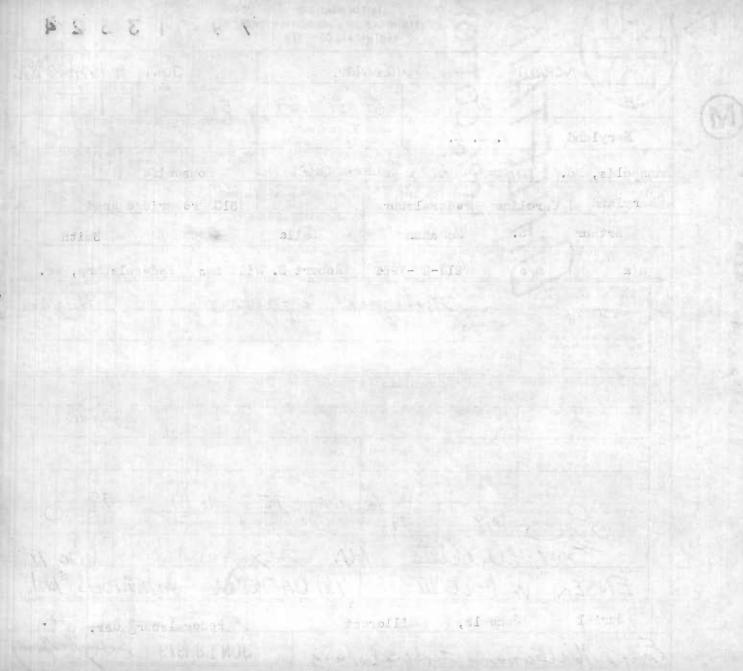
should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Burial 6/14/79 All Faith Charton tte Hadry, Charter Halls, S. Address W. Clarke Mattingley Leonardtown, Maryland JUN 18 1979 Registrar 756. R STATE BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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Singleton Funeral Home, GlenBurnie, Md



STATE OF MARYLAND



Singleton Funeral Home, Glen Burnie, Md

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

6:00

NO I

STATE

STATE

HOURS

IF UNDER 24 HRS

White | Dec. 10, 1904 92 horvinde france temple out ox 1203 descrit done Bieral or winding of the latene brus canadens, Karwinson single-salunged some, clea surgic. Vd.

M		FOR STATE REGISTRAR DECEASED NAME FRST	DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 6. DST	
19		PECEASED NAME FIRST PE OR PRINT) PETE		Eno.	June 5, 1979	26. HOUR 5:15	
ector, pur	3. 5	Male Male	1 RACE White	June 29, 1909	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) FINANCIAL MONTHS	DER 1 YEAR IF UNDER 24 HRS 5 DAYS, HOURS MIN	
unerol dir un 72 hou of once.	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	RALTIMORE CITY OR COUNTY OF DEATH		
by the fu		Glen Burnie	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET, NORTH Arundel	Hospital			
y filled in should be er must be	130	Maryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY AA GIENBUR	nie 138. INSIDE CITY LIMITS?	13. STREET ADDRESS 606 Pamela Ro	oad had	
ompletely ond 2 s	4	Samue1	Zaczek		MIDDLE	iedronski	
Poges	160	No		8142 Mrs. Dolor	hter ADDRESS 401 C res H. Arostegui	G.B. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
signed by the attendir nen please remove cark a buriol, cremation, or jury, or other fraumotic	z		DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION			SIVEN IN PART 1(0)	
hos been t permit. The fiene prior the prior the prior the prior the tows any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WEF	RE FINDINGS USED CAUSES OF DEATH?	
ng physic certificate inial-trans entol Hygitem 18 shiftem 18 shif	MEDICAL CER	OR CONTRIBUTING TO CAUSE OF DE	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 O	PR PART 2)	
After this os the butth and Minand Mi	MED	ST WORL WORL	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f. LOCATION STREET	CITY ON TOWN	DUNTY STATE	
NERAL DIRECTOR: A be detoched for use State Dept. of Heol TANT: If Hem 21 is m		22a Learning that (h) this hosp that the detected alive on the detected alive on the hosp (1) and (b) are the hosp that the	attended hardicegood from	DEGREE ATTENDING PHYSICIAN D	death occurred on the date and hour and MEDICAL STAFF DIRECTOR PHYSICIAN Hospital Drive, #20	6/6/79	
etoined by TO FUNERA should be de with the Stot			REZ, MD.	Glen	Burnie, Maryland,		
RP	230	Burial, CREMATION, REMOVAL (SPECIFY) Burial		en H ven Cem.	23d LOCATION CITY OR TOWN Glen Burnie	AA Md	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Singleton Funeral Home, Glen Burnie, Md.

June 8,79

Glen Haven Cem.

Glen Burnie AA

Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Make Victa lama 29,1909 book siems; 80a 20 20 marganeto 40 marganeto January 2 ome 216.07.0102 are. polores s. Prostenti S.B. N.E. L. 1977